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# **ProviderOne for Social Services**

## Submitting and Adjusting Social Service Medical Claims Guide

Updated June 2025

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# INTRODUCTION

This publication takes effect June 2025 and supersedes earlier billing guides for Social Service Providers.

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and a Health Care Authority (HCA) or Department of Social & Health Services (DSHS) rule arises, the rule applies.

This guide provides a step-by-step resource to help Social Service Medical Providers and billing staff understand the processes of ensuring clients are eligible for services and to receive timely and accurate payments for covered services.

The purpose of this guide is to serve as a resource for Social Service Medical Providers and billing staff so they can:

- **Submit DDE Professional Claims**
  - This section covers how to submit Social Service Medical claims (also known as a professional claims) via Direct Data Entry (DDE). This process requires the provider to enter all claim data information each time they submit a claim.
- **Create Professional Templates**
  - This section covers creating claim templates. A claim template allows a provider to pre-load certain claim information such as Provider ID, Client ID, and authorization number which can help save time when submitting claims.
- **Create and Submit Professional Template Batch Claims**
  - This section covers template batch claims. Template batch claims are a group of claims that share the same date of service. This process allows the provider to create a group (batch) of templates, change the date of service on all the templates at one time, and submit the batch all at once.
- **Adjust, Void, and Resubmit Professional Claims**
  - This section covers how to adjust and resubmit a paid claim, how to void a paid claim, and how to resubmit a denied or voided claim.

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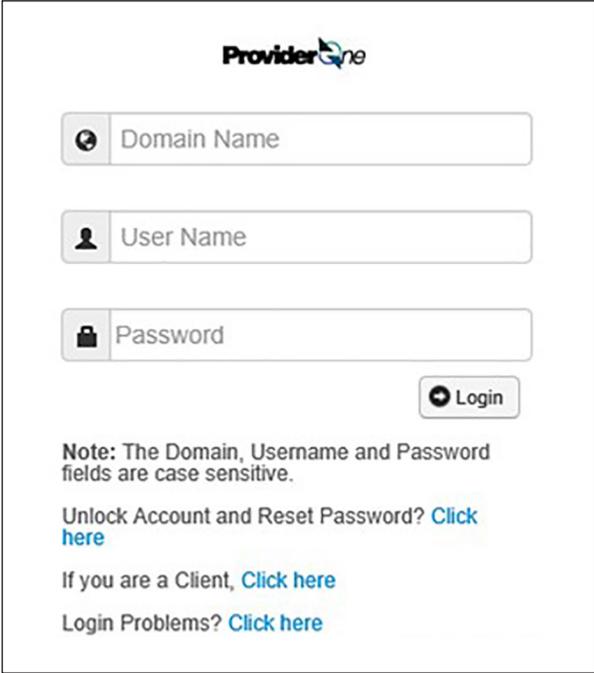
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# GETTING STARTED

Welcome to the *ProviderOne for Social Services: Submitting and Adjusting Social Service Medical Claims Guide*. The following section explains the basics of the ProviderOne system, including:

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The screenshot shows the ProviderOne login interface. At the top center is the 'ProviderOne' logo. Below it are three input fields: 'Domain Name' with a globe icon, 'User Name' with a person icon, and 'Password' with a lock icon. To the right of the password field is a 'Login' button with a right-pointing arrow. Below the input fields, there is a note: 'Note: The Domain, Username and Password fields are case sensitive.' Underneath the note are three links: 'Unlock Account and Reset Password? Click here', 'If you are a Client, Click here', and 'Login Problems? Click here'.

**Note:**

Please note some screen grabs in this section are from the Social Service Billing side and some are from the Social Service Medical Billing side of ProviderOne. The directions and information provided is applicable to both Provider types.

# GENERAL TIPS

## General Notes

- “OK” signifies a Yes response and “Cancel” a No Response
- Asterisk (\*) denotes required fields
- “%” acts as a wildcard, returning information that corresponds with the current search
  - For example, if searching for authorizations for multiple locations, you could enter **your** seven digit Provider ID and add % to the end in order to return authorizations for every location under the domain.
- Make sure your Pop-Up Blockers are turned off on your preferred browser (i.e., Chrome, Edge ) you are using to access ProviderOne.
  - If the pop-up blockers are not turned off, it will result in errors when trying to submit claims.
  - If you chose to turn the pop-up blockers back on when you are not using ProviderOne, remember to turn them back off when you are using ProviderOne.
  - Each specific browser has their own [instructions](#) on how to turn off Pop-Up Blockers.
- Clearing your browser history (Cache) regularly will help the overall performance of ProviderOne.
  - Clearing browser history will not delete saved favorites, book marks, or passwords.
- Columns can be sorted from A-Z or Z-A by using the controls below the name of each column:



## Passwords

### Passwords and Security Questions:

The first time you log into ProviderOne you will be required to change your temporary password and create a security question. Please note passwords and security questions are case sensitive.

When creating a password for ProviderOne they must contain the following:

- Cannot be the same as your last five passwords
- Must be at least eight characters long
- Must contain at least one letter
- Must contain at least one number
- Must contain at least one of the following special characters:  
!@#\$%^&\*()\_+-<>

After three unsuccessful attempts to login, your domain will be locked. You can unlock and reset your password by reaching out to ProviderOne Security here: [provideronesecurity@hca.wa.gov](mailto:provideronesecurity@hca.wa.gov) When you update your password, you will be asked if you want to update your secret question. You can change it at this time or select No.

**Note:**

*As an added security measure, ProviderOne passwords must be changed every 90 days.*

# ACRONYMS & DEFINITIONS

- **AAA** - Area Agency on Aging
- **CARS** - Collections and Accounts Receivable System. The system DSHS's Office of Financial Recovery uses to manage providers' debt (overpayments).
- **CMS** - Center for Medicare and Medicaid Services
- **COFF** - CARS Offset (lien)
- **DDE** - Direct Data Entry
- **Domain** - Also known as your ProviderOne ID.
- **DOS** - Date of Service
- **DSHS** - Department of Social and Health Services. State agency in charge of delivering a variety of social services, employment supports, safety programs, and court-ordered behavioral health care.
- **EFT** - Electronic Funds Transfer. This is when funds are deposited directly into a banking account for claims payments.
- **HCA** - Health Care Authority. HCA is WA State's Medicaid agency. HCA is in charge of managing the ProviderOne system.
- **HCLA** - Home and Community Living Administration. HCLA is a newly formed administration within DSHS effective May 1, 2025. This administration focuses on coordinating home and community-based services to support clients in their own environments. It was formed by merging key functions from the Developmental Disabilities Administration (DDA) and the Aging and Long-Term Support Administration (AL TSA).
- **HIPAA** - Health Insurance Portability & Accountability Act
- **MOS** - Month of Service
- **NOC** - Non-Offset to CARS
- **NPI** - National Provider Identifier. Most social service vendors are not required to have one.
- **OFIN** - Oracle Financial System
- **OFR** - Office of Financial Recovery
- **PPSU** - Payment Policy & Systems Unit. Housed within DSHS/HCLA, this unit manages the ProviderOne for Social Services webpage, P1 for Social Services billing guides & P1 for Social Services monthly newsletter. PPSU is also in charge of ProviderOne configuration for social service claims and post payment reviews/adjustments.
- **P1OFF** - ProviderOne Offset (claim adjustment)
- **PHI** - Protected Health Information
- **ProviderOne or P1** - ProviderOne is the Medicaid management information system (MMIS) utilized by WA State.
- **ProviderOne ID**. A 7-digit ID assigned to each provider's ProviderOne account. Also known as the Provider Domain ID or Domain Name.
- **RA** - Remittance Advice. RAs provides details about paid, denied, adjusted and in-process claims submitted in ProviderOne.
- **TCN** - Transaction Control Number. A unique tracking number assigned to each claim (also known as the claim number).
- **Warrant** - A paper check issued for claim payments

# CONTACT INFORMATION

I need help with ...	Contact ...
<ul style="list-style-type: none"> <li>• There is no active authorization</li> <li>• The authorization is 'in error' status</li> <li>• The dates, units, or rates on the authorization are wrong</li> </ul>	<p><b>The Client's Case Manager</b></p>
<ul style="list-style-type: none"> <li>• Signing up to receive electronic payments (EFT)</li> <li>• Updating information in ProviderOne (location addresses, email addresses, communication preferences)</li> <li>• Social Service Medical providers only:               <ul style="list-style-type: none"> <li>○ Updating business license, taxonomy, NPI, or Dept. of Health license in ProviderOne</li> </ul> </li> </ul>	<p><b>Health Care Authority--Provider Enrollment</b>  <b>Phone:</b> 1-800-562-3022 ext. 16137  <b>Phones are open:</b> Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.)  <b>Email:</b> <a href="mailto:ProviderEnrollment@hca.wa.gov">ProviderEnrollment@hca.wa.gov</a>            When emailing Provider Enrollment, you will get you a ticket/incident number. Save this ticket/incident # for future reference as needed.</p>
<ul style="list-style-type: none"> <li>• Direct Data Entry (DDE) basic billing and claims assistance</li> <li>• Creating claim templates/template batch billing</li> <li>• Payment issues (lost checks)</li> <li>• Basic ProviderOne navigation &amp; questions</li> </ul>	<p><b>Health Care Authority--Medical Assistance Customer Service Center (MACSC)</b>  <b>Phone:</b> 1-800-562-3022, choose "provider services"  <b>Online:</b> <a href="#">HCA Secure form</a></p>
<ul style="list-style-type: none"> <li>• Accessing ProviderOne</li> <li>• Login issues (i.e., password reset, locked out)</li> <li>• Setting up additional users, profiles, or system administrators</li> </ul>	<p><b>Health Care Authority--ProviderOne Security</b>  <b>Email:</b> <a href="mailto:ProviderOneSecurity@hca.wa.gov">ProviderOneSecurity@hca.wa.gov</a>  <b>Online:</b> <a href="#">HCA Secure form</a></p>

## CONTACT INFORMATION *continued*

### I need help with ...

- Overpayment questions

### Contact ...

**DSHS--Office of Financial Recovery (OFR)**

**Phone:** 360-664-5700, option 3, 1-800-562-6114, or TTY  
WA 1-800-833-6388

- Urgent payment issues

Note: You should only contact the DSHS ProviderOne payment teams after you have tried resolving your issue through the appropriate channels (i.e., case manager, contract specialist, or HCA) AND client services are impacted.

**DSHS--ALTSA or DDA ProviderOne payment teams**

**DSHS ALTSA providers/clients**

**Email:** [P1\\_escalation@dshs.wa.gov](mailto:P1_escalation@dshs.wa.gov)

**DSHS DDA Providers/clients**

Contact the DDA resource developer or contractor who will escalate to the regional payment specialist as needed.

When emailing DSHS, please include your:

- Name (first and last)
- Name of your organization
- ProviderOne ID (also known as your P1 domain)
- The date you emailed HCA and the corresponding HCA Ticket #
- A brief description of your issue, who you've tried to contact, and how the issue impacts client services and/or your ability to receive payment

# SUBMITTING PROFESSIONAL CLAIMS

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This section covers how to submit a professional claim. This process is direct data entry, meaning you enter all billing information directly into ProviderOne for each claim.

Certain information needed for claim entry such as the authorization #, procedure code, modifier, etc. can be found on the client's authorization in ProviderOne. See the [Getting Started & Billing Essentials guide](#) for directions on how to view your authorization list.

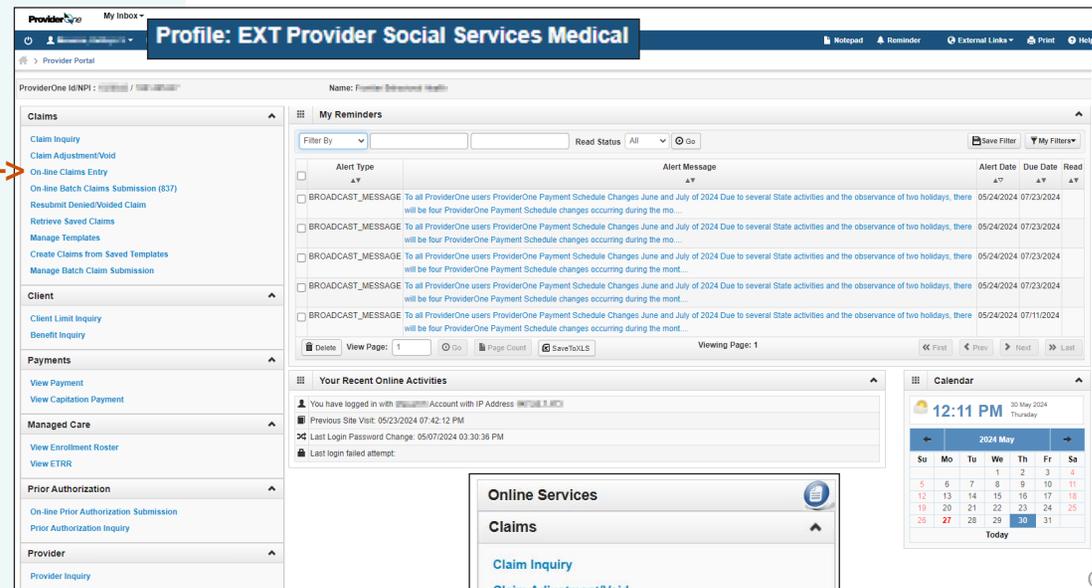
**Note:**

*Within ProviderOne, claims for Social Service Medical providers are also known as Professional Claims. The terms Social Service Medical Claims and Professional claims are interchangeable.*

# OVERVIEW

## To submit a professional claim:

- Log in to ProviderOne using the **EXT Provider Social Services Medical** profile\*.
- Click on **On-line Claims Entry**.



**\*Note:**  
 If you do not have the EXT Provider Social Services Medical profile, you must reach out to your DSHS Contract Specialist before providing services or accepting new Medicaid clients. Your Contract Specialist will ensure you are contracted to provide Social Service Medical Services and will provide you with directions on how to get set up as a Social Services medical provider in ProviderOne.

## OVERVIEW *continued*

- The **Choose an Option** page appears.
- Click on the blue hyperlinked **Submit Professional**.



The screenshot shows a dialog box titled "Choose an Option." with a "Close" button in the top left corner. The dialog contains a table with three rows of options. An orange arrow points to the "Submit Professional" link in the first row.

Choose an Option.	
<a href="#">Submit Professional</a>	Submit Professional
<a href="#">Submit Institutional</a>	Submit Institutional
<a href="#">Submit Dental</a>	Submit Dental

**OVERVIEW** *continued*

The **Professional Claim** screen appears.

Enter the following information:

- **Provider NPI**, and
- **Taxonomy Code** associated with the service you are contracted to provide.
  - Your taxonomy code can be found under the *Specializations* step on the ProviderOne Business Process Wizard. (See pages 20-21 in the [ProviderOne for Social Services: Getting Started and Billing Essentials Guide](#) for directions on how to view your specializations/taxonomy).

The screenshot shows the 'Professional Claim' form with several sections: 'PROVIDER INFORMATION', 'SUBSCRIBER/CLIENT INFORMATION', and 'CLAIM INFORMATION'. The 'BILLING PROVIDER' section is highlighted, showing fields for 'Provider NPI' and 'Taxonomy Code'. An orange arrow points to the 'Taxonomy Code' field. Below the 'BILLING PROVIDER' section are checkboxes for 'Is the Billing Provider also the Rendering Provider?' and 'Is this service the result of a referral?'. The 'SUBSCRIBER/CLIENT INFORMATION' section includes a 'Client ID' field and checkboxes for 'Is this claim for a Baby on a Birthing Parent's Client ID?' and 'Is this a Medicare Crossover Claim?'. The 'CLAIM INFORMATION' section includes a 'CLAIM NOTE' field.

This is a close-up of the 'BILLING PROVIDER' section from the previous screenshot. It shows the 'Provider NPI' and 'Taxonomy Code' fields, both marked with an asterisk (\*). An orange arrow points to the 'Taxonomy Code' field.

**Note:**

Durable Medical Equipment (DME) providers do not have contracts with DSHS.

Work performed is done so in accordance with their Core Provider Agreement (CPA) with the Health Care Authority.

When entering taxonomy information, use the appropriate assigned taxonomy for the service provided through your CPA.

## OVERVIEW *continued*

- Select **Yes** for the question, 'Is the Billing Provider also the Rendering Provider?'
- You will most likely select **No** for the questions, 'Is this service the result of a referral?'
  - Some shared services do require referrals. If required, select **Yes**.
- When answering **Yes**, another field will ask for the referring provider's NPI. Enter the required information and click submit to continue submitting your claim.

**SUBSCRIBER/CLIENT INFORMATION**

SUBSCRIBER/CLIENT

Client ID:  \*

**Additional Subscriber/Client Information**

Org/Last Name:  \*  
mm dd cyy

Date of Birth:    \*  
mm dd cyy

Date of Death:

Patient is pregnant:  Yes  No

First Name:

Gender:  \*

Patient Weight:  lbs

**?** Is the Billing Provider also the Rendering Provider?  Yes  No \*

**?** Is this service the result of a referral?  Yes  No \* ←

**Note:**

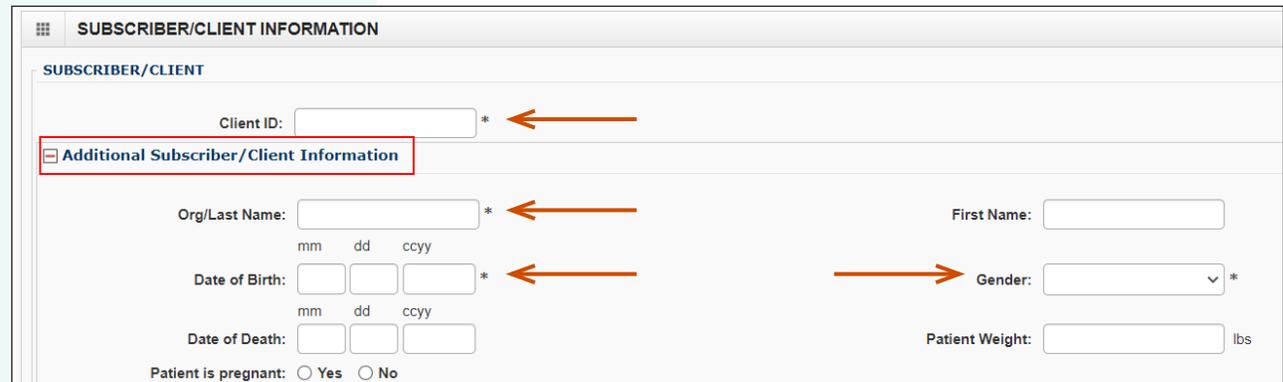
*These provider types always require a **Yes** to the question 'Is this service the result of a referral?':*

- Registered Dietitian
- Physical Therapist
- Occupational Therapist
- Speech-Language Pathologist
- DME

# CLIENT INFORMATION

Under **Subscriber/Client Information**:

- Enter the **Client ID**. This is the client's ProviderOne ID (9-digit # ending in 'WA').
- Click the  next to **Additional Subscriber/Client Information**.
- Enter the following information for the client:
  - ▶ **Last Name**
  - ▶ **Date of Birth**
  - ▶ **Gender**



The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION". Under the "SUBSCRIBER/CLIENT" section, there is a "Client ID" field with an asterisk and a red arrow pointing to it. Below this is a red-bordered box containing "Additional Subscriber/Client Information". Inside this box, there are several fields: "Org/Last Name" with an asterisk and a red arrow, "Date of Birth" with an asterisk and a red arrow, "Date of Death", "First Name", "Gender" with a dropdown arrow and an asterisk and a red arrow, and "Patient Weight" with "lbs" next to it. At the bottom, there is a "Patient is pregnant" section with "Yes" and "No" radio buttons.

**Note:**

*Client last name, DOB, and gender are the only required fields.*

*Patient is pregnant and Patient Weight fields do not apply.*

## CLIENT INFORMATION *continued*

Under **Subscriber/Client Information**:

- Answer **No** to the questions:
  - **'Is this claim for a Baby on a Birthing Parent's Client ID?'**
  - **'Is this a Medicare Crossover Claim?'**

The screenshot shows a web-based form titled "Professional Claim". It has tabs for "Basic Claim Info" and "Other Claim Info". The "Basic Claim Info" tab is active, showing fields for "Template Name" and "Submitter ID". Below this is the "PROVIDER INFORMATION" section, which includes fields for "Provider NPI" and "Taxonomy Code", and two questions: "Is the Billing Provider also the Rendering Provider?" and "Is this service the result of a referral?". The "SUBSCRIBER/CLIENT INFORMATION" section is highlighted and contains a "Client ID" field and two questions: "Is this claim for a Baby on Mom's Client ID?" and "Is this a Medicare Crossover Claim?". An orange arrow points to the "No" radio button for the first question. Below the main form, a callout box shows the two questions with their respective radio button selections: "Is this claim for a Baby on a Birthing Parent's Client ID?" with "No" selected, and "Is this a Medicare Crossover Claim?" with "No" selected and an asterisk next to it. The bottom of the form shows sections for "EPSDT INFORMATION" and "CONDITION INFORMATION".

# PRIOR AUTHORIZATION

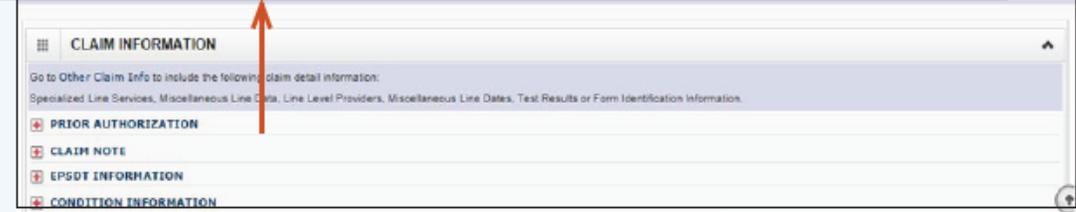
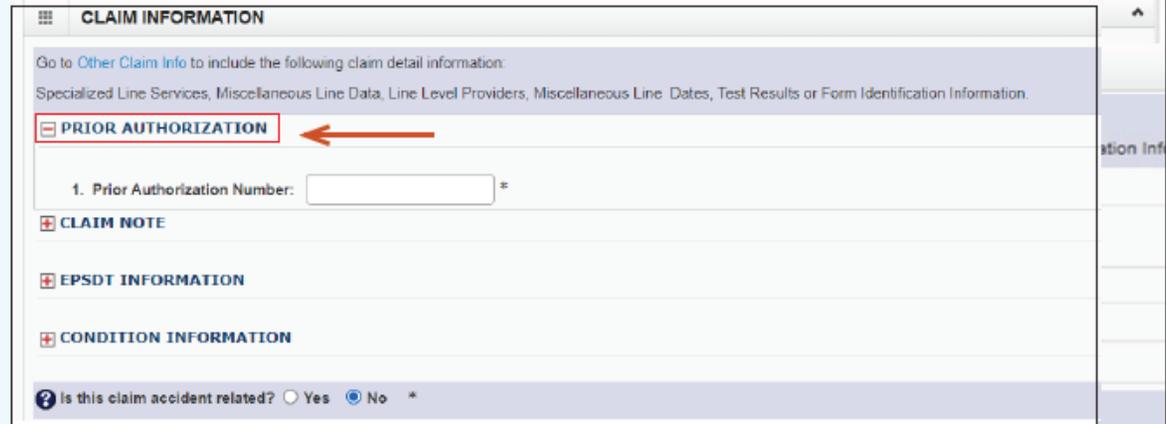
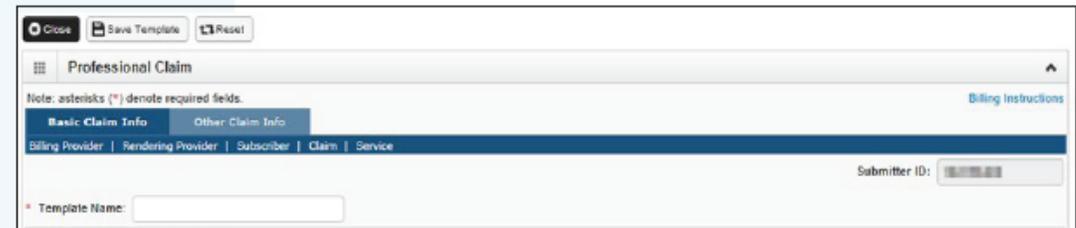
Under **Claim Information**:

- Click the  next to **Additional Subscriber/Client Information**. Enter the following information:

- Prior Authorization Number:** Enter the approved authorization number for the client.
- Claim Note:** Some claims may require a claim note. If you think a note is required please refer to the program specific billing guide for more information. If no note is needed, skip this option.
- Is this claim accident related?:** Answer **No**

**Note:**

*EPSDT Information and Condition Information are not applicable to these claims.*



# PLACE OF SERVICE

Under **Claim Data**:

Using the dropdown menu, choose the appropriate **Place of Service**.

Most social services performed will be in either an office or the client's home.

If the service is performed outside of those locations, choose the appropriate place of service from the list.

**CLAIM DATA**

Patient Account No.:

Place of Service:  \*

**Additional Claim Data**

Delay Reason Code:

Provider Signature on File:

Special Program Type Code:

Provider Accept Assignment Code:

Benefits Assignment Certification:

Release Of Information Code:

Patient Signature Source Code:

01-PHARMACY

02-Telehealth Provided Other than in Patients Home

03-SCHOOL

04-HOMELESS SHELTER

05-INDIAN HLTH SVC FREE-STANDING FACILITY

06-INDIAN HLTH SVC PROVIDER-BASED FACILITY

07-TRIBAL 638 FREE-STANDING FACILITY

08-TRIBAL 638 PROVIDER-BASED FACILITY

09-PRISON/CORRECTIONAL FACILITY

10-Telehealth Provided in Patients Home

11-OFFICE ← ←

12-Home ← ←

13-ASSISTED LIVING FACILITY

14-Group Home

15-MOBILE UNIT

16-TEMPORARY LODGING

17-WALK-IN RETAIL HEALTH CLINIC

18-PLACE OF EMPLOYMENT - WORKSITE

19-Off Campus-Outpatient Hospital

**Note:**  
*Adult Family Homes, Assisted Living Facilities and Enhanced Service Facilities are residential settings and **are** considered to be the client's home.*

# DIAGNOSIS CODES

Under **Claim Data**,

- Only **ICD-10** diagnosis codes are accepted.
- Enter the **Diagnosis Codes:**
  - At least 1 diagnosis code is required for all claims.
  - ProviderOne will allow up to 12 **ICD-10** diagnosis codes.
  - **Do not enter decimal points in diagnosis codes.** ProviderOne will automatically add any decimals to the code once the claim is submitted.

Once diagnosis codes have been entered hit **submit**.

The screenshot shows a form titled "CLAIM DATA". It contains the following fields:

- Patient Account No.: [Text Input]
- Place of Service: [Dropdown Menu]
- + Additional Claim Data (expandable section):
  - Diagnosis Codes: 1: [Text Input] \* 2: [Text Input] 3: [Text Input] 4: [Text Input] 5: [Text Input] 6: [Text Input]
  - 7: [Text Input] 8: [Text Input] 9: [Text Input] 10: [Text Input] 11: [Text Input] 12: [Text Input]

An orange arrow points to the "Diagnosis Codes:" label in the expanded section.

**Note:**

*ICD-10 diagnosis codes can be found from many online resources.*

*Client case managers and HCA MACSC call center staff cannot supply ICD-10 diagnosis codes. Please use the online resources available to you to determine the appropriate code(s) based on the client's diagnosis.*

# SERVICE LINES

Under **Basic Line Item Information**, enter the following information:

- **Service Date From** and **Service Date To**
- **Procedure Code**
- **Modifier** (if applicable)
  - The procedure code (also known as the service code) and the modifier can be found on the client's authorization

**Notes:**

- Each service line spans a single day.
- All units of a specific code for the same day should be on the same line.
- A date range can be used only if:
  - The unit types are **daily** or **monthly**
  - Days are consecutive (worked in a row)
  - All days are within the same calendar month or include entire months
- The unit type can be found on the client's authorization

**BASIC LINE ITEM INFORMATION**

Click on Other Svc Info in each line item to include the following additional line item information:  
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

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**BASIC SERVICE LINE ITEMS**

* Service Date From: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid gray; width: 30px; text-align: center;">mm</td> <td style="border: 1px solid gray; width: 30px; text-align: center;">dd</td> <td style="border: 1px solid gray; width: 60px; text-align: center;">ccyy</td> </tr> <tr> <td style="border: 1px solid gray; text-align: center;">01</td> <td style="border: 1px solid gray; text-align: center;">01</td> <td style="border: 1px solid gray; text-align: center;">2017</td> </tr> </table>	mm	dd	ccyy	01	01	2017	←	* Service Date To: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid gray; width: 30px; text-align: center;">mm</td> <td style="border: 1px solid gray; width: 30px; text-align: center;">dd</td> <td style="border: 1px solid gray; width: 60px; text-align: center;">ccyy</td> </tr> <tr> <td style="border: 1px solid gray; text-align: center;">01</td> <td style="border: 1px solid gray; text-align: center;">01</td> <td style="border: 1px solid gray; text-align: center;">2017</td> </tr> </table>	mm	dd	ccyy	01	01	2017	←
mm	dd	ccyy													
01	01	2017													
mm	dd	ccyy													
01	01	2017													
Place of Service: <input style="width: 100%;" type="text" value=""/>															
* Procedure Code: <input style="width: 100%;" type="text" value="H2014"/>	←	Modifiers: 1: <input style="width: 30px;" type="text" value="U5"/> 2: <input style="width: 30px;" type="text" value=""/> 3: <input style="width: 30px;" type="text" value=""/> 4: <input style="width: 30px;" type="text" value=""/>	→												
* Submitted Charges: \$ <input style="width: 100%;" type="text" value=""/>	Diagnosis Pointers: * 1: <input style="width: 30px;" type="text" value=""/> 2: <input style="width: 30px;" type="text" value=""/> 3: <input style="width: 30px;" type="text" value=""/> 4: <input style="width: 30px;" type="text" value=""/>														
* Units: <input style="width: 100%;" type="text" value=""/>															

## SERVICE LINES *continued*

- Enter **Submitted Charges** (The provider is responsible for the calculation of submitted charges. Units x Rate = Submitted Charge).
- Enter the number of **Units**.
- Select the corresponding **Diagnosis Pointer** number from the diagnosis pointers drop-down. (Data entered into the first diagnosis code box = #1 diagnosis pointer).

**BASIC SERVICE LINE ITEMS**

<p>* Service Date From: <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2017"/></p> <p>Place of Service: <input type="text" value=""/> <input type="button" value="v"/></p> <p>* Procedure Code: <input type="text" value="H2014"/></p> <p>* Submitted Charges: \$ <input type="text" value="32.96"/> ←</p> <p>* Units: <input type="text" value="4"/> ←</p> <p><b>+ Medicare Crossover Items</b></p> <p>National Drug Code: <input type="text" value=""/></p> <p><b>+ Drug Identification</b></p> <p><b>+ Prior Authorization</b></p> <p><b>+ Additional Service Line Information</b></p>	<p>* Service Date To: <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="2017"/></p> <p>Modifiers: 1: <input type="text" value="U5"/> 2: <input type="text" value=""/> 3: <input type="text" value=""/> 4: <input type="text" value=""/></p> <p>Diagnosis Pointers: * 1: <input type="text" value="1"/> ←</p> <p>2: <input type="text" value="v"/> 3: <input type="text" value="v"/> 4: <input type="text" value="v"/></p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p>1</p> <p>10</p> <p>11</p> <p>12</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> </div>
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## SERVICE LINES *continued*

Once the service line information has been entered, click **Add Service Line Item**.

The **Basic Service Line Items** section clears. This allows entry of any subsequent service lines before submitting your claim, i.e., billing for multiple days in a month.

A claim service line appears under **Previously Entered Line Item Information**. The claim service line will show service dates, service code and modifier, as well as units entered. The total charges submitted will also be available to view.

**Check the line information for accuracy.**

**Note:**

*Different service codes can be billed on the same claim as long as they have the same authorization number.*

**Note:**

*If a provider is authorized a medical service code and a non-medical social service code (ex. bed hold code) on the same authorization, the social service code must be billed separately under the Social Services Billing Screen in P1. See the [Submitting and Adjusting Social Service Claims Guide](#) for directions on how to submit a non-medical claim.*

**Note:** Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 32.96

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	01/01/2017	01/01/2017	H2014	U	5			1				32.96	4	<a href="#">Delete or Other Service Info</a>

## SERVICE LINES *continued*

To enter additional service lines there are two options.

### Option 1:

- Enter basic service line information in the cleared fields:
  - ▶ **Service Date From/To**
  - ▶ **Service Code** and **Modifier**
  - ▶ **Submitted Charges, Units,** and **Diagnosis Pointer.**
- Click on **Add Service Line Item.** *(The new service line appears; shown below as line #2.)*

➕ Add Service Line Item
✎ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 65.92

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number			
	From	To		1	2	3	4	1	2	3	4						
1	01/01/2017	01/01/2017	H2014	U	5					1				32.96	4		<a href="#">Delete</a> or <a href="#">Other Service Info</a>
2	01/12/2017	01/12/2017	H2014	U	5					1				32.96	4		<a href="#">Delete</a> or <a href="#">Other Service Info</a>

## SERVICE LINES *continued*

### Option 2:

- Click on **Service line number**. The entered service line information populates.
- Replace the information with **new data**.
- Click on **Add Service Line Item**.
- New service line appears. (*Shown as line #3.*)

**BASIC SERVICE LINE ITEMS**

mm dd cyy      mm dd cyy

\* Service Date From: 01 24 2017      \* Service Date To: 01 24 2017

Place of Service:

\* Procedure Code: H2014      Modifiers: 1: U5    2:     3:     4:

\* Submitted Charges: \$ 32.96      Diagnosis Pointers: \* 1:     2:     3:     4:

\* Units: 4

**Enter new data**

Medicare Crossover Items

National Drug Code:

Drug Identification

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 98.88

Line No	Service Dates		Proc. Code	Modifiers			Diagnosis Pntrs				Submitted Charges	Units	PA Number		
	From	To		1	2	3	4	1	2	3					4
1	01/01/2017	01/01/2017	H2014					1				32.96	4		<a href="#">Delete</a> or <a href="#">Other Service Info</a>
2	01/12/2017	01/12/2017	H2014					1				32.96	4		<a href="#">Delete</a> or <a href="#">Other Service Info</a>
3	01/24/2017	01/24/2017	H2014					1				32.96	4		<a href="#">Delete</a> or <a href="#">Other Service Info</a>

## SERVICE LINES *continued*

### Editing a Service Line:

If you see the information previously entered has an error, you can correct the data by doing the following:

- Select the line number you wish to edit
- The service line data appears
- Make the needed correction to the service line data
- Now select **Update Service Line Item**

**Note:**

*The new data you have entered will now be shown on the chosen line. (Shown in this example as line #3)*

**BASIC SERVICE LINE ITEMS**

mm dd cyy      mm dd cyy

\* Service Date From: 01 24 2017      \* Service Date To: 01 24 2017

Place of Service:

\* Procedure Code: H2014      Modifiers: 1: U5    2:     3:     4:

\* Submitted Charges: \$ 32.96      Diagnosis Pointers: \* 1:     2:     3:     4:

\* Units: 4

**Enter new data**

**+** Medicare Crossover Items

National Drug Code:

**+** Drug Identification

**+** Prior Authorization

**+** Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.      Total Submitted Charges: \$ 98.88

Line No	Service Dates		Proc. Code	Modifiers			Diagnosis Pntns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3				
1	01/01/2017	01/01/2017	H2014								32.96	4		Delete or Other Service Info
2	01/12/2017	01/12/2017	H2014								32.96	4		Delete or Other Service Info
3	01/24/2017	01/24/2017	H2014								32.96	4		Delete or Other Service Info

## SERVICE LINES *continued*

### Deleting a Service Line:

If you need to remove a previously added service line, you can do so by:

- Determining which line needs to be deleted in the **Previously Entered Line Item Information** section, then
- Clicking **Delete** at the end of the line you wish to remove

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 180.04

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	02/28/2025	02/28/2025	H2014	U				1				102.88	8		<a href="#">Delete or Other Service Info</a>
2	03/14/2025	03/14/2025	H2014	U				1				77.16	6		<a href="#">Delete or Other Service Info</a>

- The line disappears from the claim.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 102.88

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	02/28/2025	02/28/2025	H2014	U				1				102.88	8		<a href="#">Delete or Other Service Info</a>

Once all service line information is entered and checked for accuracy, click **Submit Claim** at the top of the screen.

🏠 > [Provider Portal](#) > [Social Service Billing Screen](#)

# SUBMIT PROFESSIONAL CLAIMS

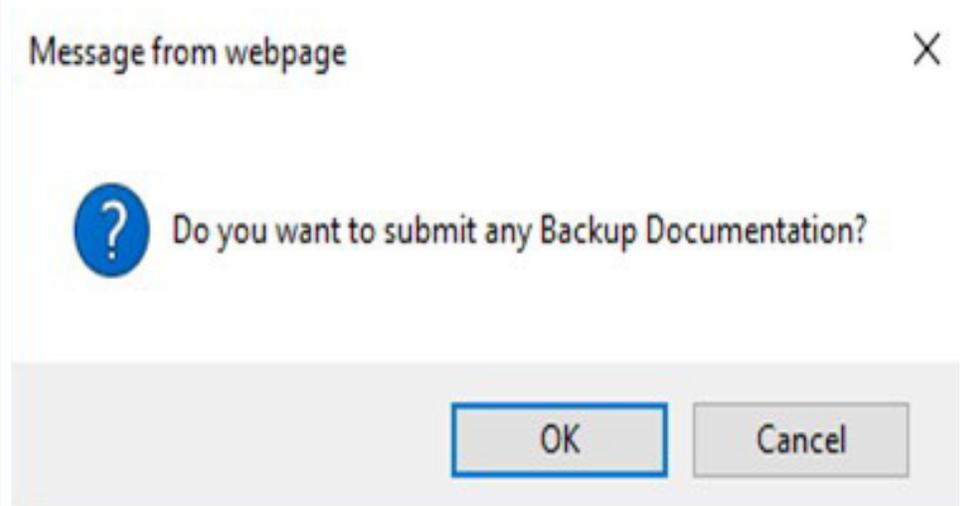
After clicking on **Submit Claim**, a message will appear asking, **Do you want to submit any Backup Documentation?**

Certain shared services require backup documentation such as a denial from another payer. If required, select **OK** and upload the needed documentation before continuing to submit the claim.

If no backup documentation is needed, select **Cancel** and continue submitting the claim.

**Note:**

*For more information about submitting backup documentation and when it is required refer to the [ProviderOne Billing and Resource Guide ProviderOne billing and resource guide \(wa.gov\)](#).*



## SUMBIT PROFESSIONAL CLAIM

continued

Once you have clicked **Submit Claim**, the **Submitted Professional Claim Details** page appears.

Claim details will include the **TCN**, **Provider NPI**, **Client ID**, **Date of Service** and **Total Claim Charge**.

**Note:**

***No Records Found!** refers to attachments such as backup documentation. If you did not attach necessary documents earlier you may do so here by clicking **Add Attachment**.*

Submitted Professional Claim Details
▲

TCN: ██████████

Provider NPI: 1 ██████████

Client ID: ██████████ WA

Date of Service: 01/01/2025-01/01/2025

Total Claim Charge: \$ 102.88

Please click "Add Attachment" button, to attach the documents.

➕ Add Attachment

Attachment List
▲

	Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<b>No Records Found !</b>								

🖨️ Print

🖨️ Print Cover Page

📤 Submit

**WARNING: You must click the 'Submit' button to complete the Claim Submission**

## SUMBIT PROFESSIONAL CLAIM *continued*

When you see the **Submitted Social Service Claim Details** screen you may want to record the information. You can print a hard copy, print to a file on your computer, or record this information in another manner.

**\*\*\*Your claim has not yet been submitted\*\*\***

To submit the claim, **you must click on the Submit** button (located in the bottom right corner of the page).

**Submitted Social Service Claim Details:**

TCN: [REDACTED]  
 Provider ID: [REDACTED]  
 Client ID: [REDACTED]  
 Date of Service: 01/01/2017-01/31/2017  
 Total Claim Charge: \$ 5398.03

Please click "Add Attachment" button, to attach the documents. Add Attachment

**Attachment List:**

Line No	File Name	Attachment Type	Transmission Code
No Records Found			

Print Details Print Cover Page **Submit**

# CREATING PROFESSIONAL CLAIM TEMPLATES

- **Create a Professional Claim Template**.....27
- **Copy a Professional Claim Template**.....33
- **Submitting Claims from Saved Professional Templates**.....37

This section explains how to create Social Service Medical claim templates. Claim templates allow you to save data such as Provider ID, Client ID, and authorization number which helps eliminate errors by reducing the amount of data entry for each claim.

# CREATE A PROFESSIONAL TEMPLATE

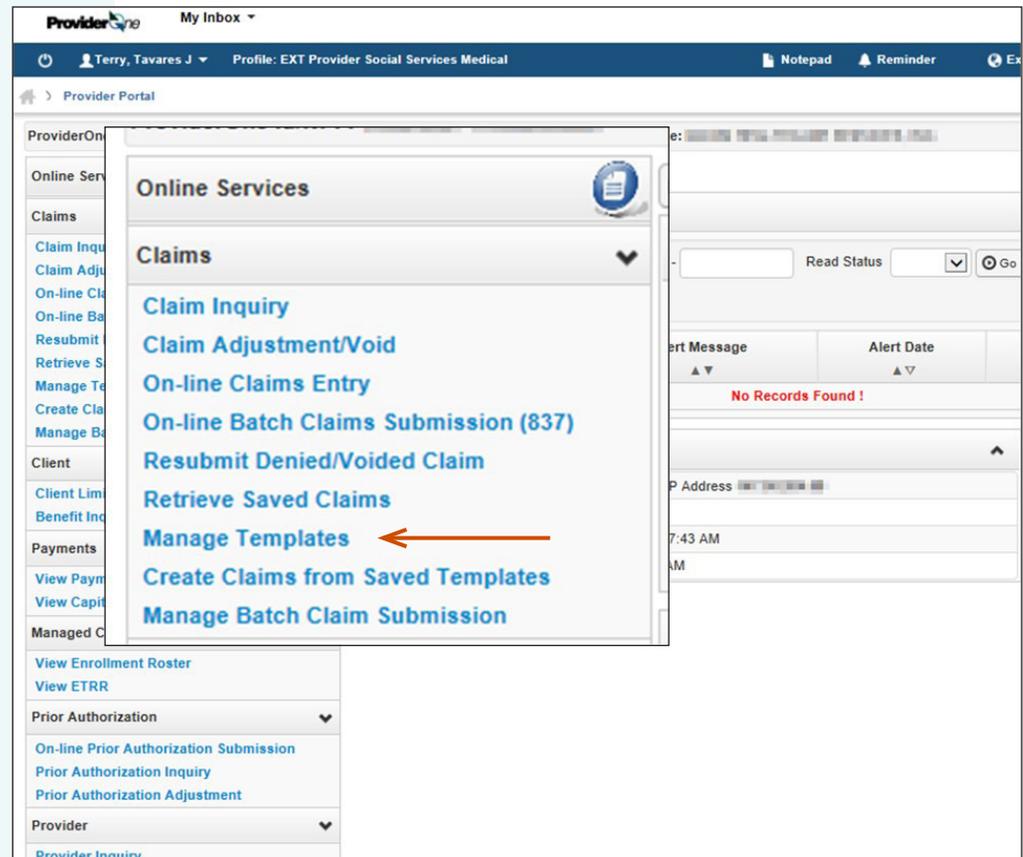
Creating claim templates are a good option if you have repetitive billing (i.e., the claim is the same or nearly the same each time you bill).

Using templates with previously saved information will help cut down on errors by reducing the amount of data entry for each claim, and is a great way to save time and make billing easier.

To create a Social Service Claim Template, first log in to ProviderOne using the **EXT Provider Social Services Medical** profile. Then select **Manage Templates**.

**Note:**

*Creating a template is not the same as submitting a claim. The **Manage Templates** section is for creating, editing, or removing templates. No claims can be submitted from the **Manage Templates** area. See pages 37-39 for directions on how to submit a claim from a template.*



## CREATE A PROFESSIONAL TEMPLATE *continued*

The **Create a Claim Template List** page appears.

Here you will see any previously saved templates.

When there are a large number of templates you can use the **Filter By** function to find a template.

The screenshot displays the 'Claims Template List' interface. At the top, the 'My Inbox' and 'Profile: EXT Provider Social Services Medical' are visible. The breadcrumb trail indicates the current location: 'Provider Portal > Claims Template List'. The interface includes a 'Close' button and an 'Add' button. A prominent 'Create a Claim Template' button is highlighted with an orange arrow. Below this, the 'Type Of Claim:' dropdown menu is open, showing 'Professional' as the selected option, with a list of available options: 'Professional', 'Dental', 'Institutional', and 'Professional'. Below the dropdown, there are several action buttons: 'Edit', 'View', 'Delete', 'SaveAs/Copy', 'Create Batch', 'Create Batch All', and 'Auto Batch'. At the bottom of the interface, there is a 'Filter By' section with two input fields and an 'And' button. The main content area shows a table with columns for 'Template Name' and 'Type'.

## CREATE A PROFESSIONAL TEMPLATE *continued*

The **Create a Claim Template** page can be used to do several things:

- **Add** a new template
- **Edit** a saved template
- **View** a saved template
- **Delete** a saved template
- Change template name (**SaveAs**) or **Copy** a template.
- **Create** a template batch.

## CREATE A PROFESSIONAL TEMPLATE *continued*

To create a new template, make sure to choose **Professional** as the claim type and then click on **Add**.

The **Professional Claim** screen appears. To review how to fill out the specifics of the claim details, go to page 9.

- Enter a **Template Name**. This is determined by you and is only used to identify the template.

**Note:**

*ProviderOne will check the following before allowing the template to be saved:*

- **Provider NPI,**
- **Taxonomy Code,**
- **Client ID,**
- **Authorization Number.**

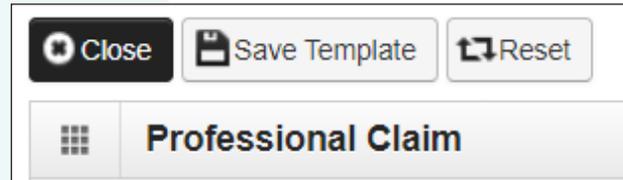
The screenshot shows the 'Professional Claim' form with the following sections and fields:

- Professional Claim** (Title)
- Note: asterisks (\*) denote required fields.
- Basic Claim Info** (Tab)
- Submitter ID: [Field]
- \* **Template Name**: [Field] (highlighted with a red box and arrow)
- BILLING PROVIDER**
  - \* Provider NPI: [Field]
  - \* Taxonomy Code: [Field]
  - Is the Billing Provider also the Rendering Provider?  Yes  No
  - Is this service the result of a referral?  Yes  No
- SUBSCRIBER/CLIENT INFORMATION**
  - \* Client ID: [Field]
  - Additional Subscriber/Client Information**
    - Is this claim for a Baby on Mom's Client ID?  Yes  No
    - \* Is this a Medicare Crossover Claim?  Yes  No
  - OTHER INSURANCE INFORMATION**
- CLAIM INFORMATION**
  - Go to Other Claim Info to include the following claim detail information: Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.
  - PRIOR AUTHORIZATION**
  - CLAIM NOTE**
  - EPSDT INFORMATION**
  - CONDITION INFORMATION**

## CREATE A PROFESSIONAL TEMPLATE *continued*

At this point you have entered the minimum required information needed to save a template.

- To save the template, click on **Save Template** in the upper left corner of the screen.
- You will be asked **Do you want to save the Template?**
- Select **OK** to confirm the save of the template. Select **Cancel** if you are not ready to save the template or need to make changes.



## CREATE A PROFESSIONAL TEMPLATE *continued*

You will now be returned to the **Create a Claim Template** page.

Here, you will see the template you just created. You can see the template name, template type, the user who made the last update, and the last updated date.

To edit, view, or delete the template, check the box next to the template name and select **Edit**, **View**, or **Delete**. If you are editing the template, once you have made the needed changes make sure you save the updated template.

The screenshot displays the 'Claims Template List' interface. At the top, there is a 'Create a Claim Template' section with a dropdown menu set to 'Professional'. Below this is the 'Claims Template List' section, which includes a toolbar with buttons for Edit, View, Delete, SaveAs/Copy, Create Batch, Create Batch All, and Auto Batch. An orange arrow points to the 'Auto Batch' button. Below the toolbar is a filter section with 'Filter By' dropdowns and a 'Go' button. The main area contains a table with the following data:

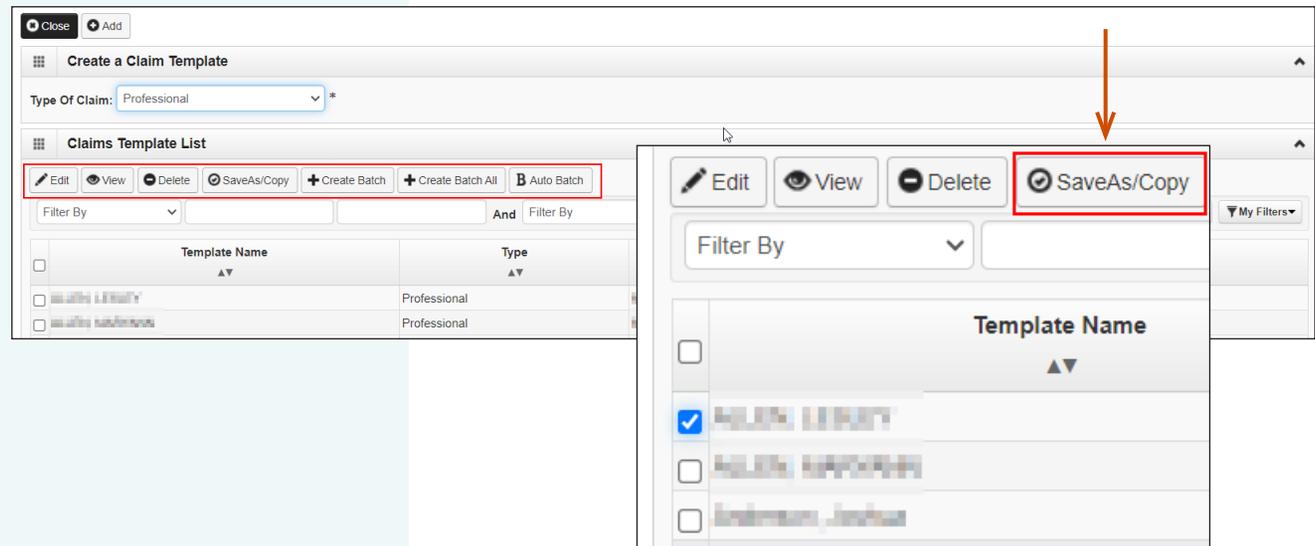
<input type="checkbox"/>	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	Health Liberty	Professional	tragon	09/06/2022
<input type="checkbox"/>	Health Liberty	Professional	tragon	09/06/2022

# COPY A PROFESSIONAL TEMPLATE

As a way to save time, you can use the template you just created to make similar templates for other clients.

## To Copy a Template:

- Check the box next to the desired template name, then
- Select **SaveAs/Copy**.



### Note:

Creating new templates from a previously saved template can save you time. However, be mindful of the information being entered.

Incorrect authorization numbers, provider IDs or Client IDs will cause the claim submitted with the template to be denied.

## COPY A PROFESSIONAL TEMPLATE

continued

After choosing **SaveAs/Copy**, the original saved template appears.

### To Update the Template:

- Change the **Template Name**
- Change the **Client ID**
- Open the  next to **Additional Subscriber/Client Information** and change the client's:
  - **Last Name**
  - **Date of Birth**
  - **Gender**
- Open the  next to **Prior Authorization** and change the:
  - **Authorization Number**, and
  - **Diagnosis Code**

To save the template, click on **Save Template**.

**Note:**

The **Provider NPI** will remain the same when copying a template.

\* **Template Name:**

\* **Client ID:**

 **Additional Subscriber/Client Information**

\* **Org/Last Name:**  **First Name:**

mm dd cyy

\* **Date of Birth:**    **Change DOB** \* **Gender:**  

mm dd cyy

**Date of Death:**    **Patient Weight:**  lbs

**Patient is pregnant:**  Yes  No

 **PRIOR AUTHORIZATION**

1. \* **Prior Authorization Number:**

**Diagnosis Codes:** \* 1:  2:  3:  4:  5:  6:

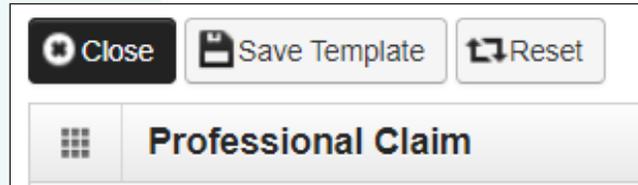
7:  8:  9:  10:  11:  12:

## COPY A PROFESSIONAL TEMPLATE *continued*

After choosing to save the template you will be asked **Do you want to save the Template?**

Select **OK** to save the template.

Select **Cancel** if you are not ready to save the template or need to make changes.



## COPY A PROFESSIONAL TEMPLATE

*continued*

You will now be returned to the **Create a Claim Template** page.

The new, saved, template will be shown along with the original template.

Repeat the process as many times as needed.

The screenshot shows a software interface with two main sections. The top section is titled 'Create a Claim Template' and contains a dropdown menu for 'Type Of Claim' set to 'Professional'. The bottom section is titled 'Claims Template List' and features a toolbar with buttons for 'Edit', 'View', 'Delete', 'SaveAs/Copy', 'Create Batch', 'Create Batch All', and 'Auto Batch'. Below the toolbar is a filter section and a table with two columns: 'Template Name' and 'Type'. The table lists two templates, both of type 'Professional'.

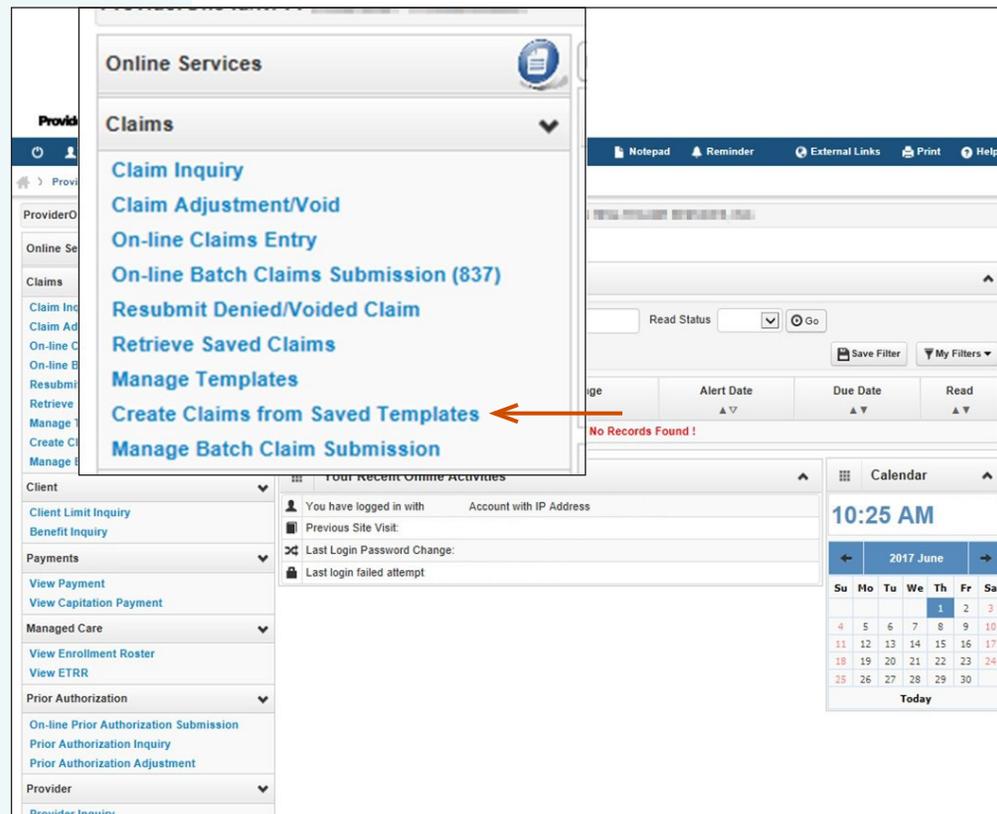
	Template Name	Type
<input type="checkbox"/>		
<input type="checkbox"/>	PLUM LEMMY	Professional
<input type="checkbox"/>	PLUM MARVIN	Professional

# SUBMITTING CLAIMS FROM SAVED TEMPLATES

As previously mentioned, claims cannot be submitted from the **Manage Templates** section.

To submit claims using the templates you have saved, first log in to ProviderOne using the **EXT Provider Social services Medical** profile.

Then select **Create Claims from Saved Templates**.



## SUBMITTING CLAIMS FROM SAVED TEMPLATES

continued

- The **Create Claim from Saved Templates List** appears.
- Here you will see all of your saved templates.

- To select a template, click on the blue hyperlinked name. ----->

Close
Create Claim from Saved Templates List

Filter By

And Filter By

Go

Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<a href="#">ALLEN, JONATHAN</a>	Professional	Reggie	09/06/2022
<a href="#">ALLEN, JONATHAN</a>	Professional	Reggie	09/06/2022
<a href="#">Anderson, Joshua</a>	Professional	Reggie	09/06/2022
<a href="#">Anderson, Maria</a>	Professional	Reggie	09/06/2022
<a href="#">Angel, George</a>	Professional	Reggie	09/06/2022
<a href="#">Armstrong, David</a>	Professional	Reggie	09/06/2022
<a href="#">Armstrong, Sandra</a>	Professional	Reggie	09/06/2022

View Page:  Go

Viewing Page: 1

## **SUBMITTING CLAIMS FROM SAVED TEMPLATES**

*continued*

After selecting a template, you will see the saved information from the chosen template.

This will include:

- **Provider NPI**
- **Taxonomy Code**
- **Client ID, Last Name, Date of Birth** and **Gender**
- **Authorization Number**
- **Place of Service**
- **Diagnosis Code**

Next, fill out the rest of the claim information and then submit the claim as instructed on pages 16-25.

# CREATING AND SUBMITTING PROFESSIONAL TEMPLATE BATCH CLAIMS

- **Creating Template Batch Claims** .....41
- **Submit Template Batch** ..... 50
- **Revalidate Template Batch Claims** ..... 58

A Batch (template) is a group of claims which share the same date of service. The Batch allows the provider to create a group (batch) of templates, change the date of service on all the templates at one time, and submit the batch all at once.

# CREATE TEMPLATE BATCH

To create a template batch:

- From the **Provider Portal**, click on **Manage Templates**

The screenshot shows the ProviderOne My Inbox interface. On the left, there is a navigation menu with several categories: Online Services, Client, Payments, Managed Care, Prior Authorization, Provider, and HIPAA. Under the 'Claims' category, the 'Manage Templates' option is highlighted with a red box and an orange arrow pointing to it. The main content area shows 'My Reminders' with a table of alerts. One alert is visible: 'BROADCAST\_MESSAGE' with the message 'To all ProviderOne users Christmas and New Year's holiday will impact ProviderOne payment dates and claim submission deadlines. The observance of both Christmas and New Year's holiday will result in changes to the ProviderOne payment d...' and dates '12/09/2021' and '01/03/2022'. There is also a 'Calendar' widget on the right showing the date '23 December 2021 Thursday' and a calendar grid for December 2021.

## CREATE TEMPLATE BATCH *continued*

- The **Create a Claim Template** page appears.
- You will see all the claim templates you have created.
- The **Template Type** should be **Professional**. If this is not showing, use the drop down menu to select Professional.

Profile: EXT Provider Social Services Medical

Provider Portal > Claims Template List

Close Add

Create a Claim Template

Type Of Claim: Professional

Edit View Delete SaveAs/Copy Create Batch Create Batch All Auto Batch

Claims Template List

Filter By: [ ] And [ ] [Go] Save Filter My Filters

	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>				
<input type="checkbox"/>	K S	Professional		02/01/2021
<input type="checkbox"/>	K G	Professional		02/01/2021
<input type="checkbox"/>	M S	Professional		02/01/2021
<input type="checkbox"/>	S O	Professional		02/01/2021
<input type="checkbox"/>	J W	Professional		02/01/2021
<input type="checkbox"/>	J F	Professional		02/01/2021
<input type="checkbox"/>	D S	Professional		02/01/2021

View Page: 2 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

## CREATE TEMPLATE BATCH *continued*

- Click on each template to verify the template is complete, including basic service line items.
- Change the template as needed.

**Note:**  
Submitted Charge and number of units must be for this billing period.

**Previously Entered Line Item Information**

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 87.22

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number			
	From	To		1	2	3	4	1	2	3	4						
1	10/01/2021	10/01/2021	H2014		U4					1				87.22	7		Delete or Other Service Info

Line No	From	To	Proc. Code	Modifiers	Diagnosis Pntrs	Submitted Charges	Units	PA Number	
1	10/01/2021	10/01/2021	H2014	U4	1	87.22	7		Delete or Other Service Info

## CREATE TEMPLATE BATCH *continued*

- Click **Save Template**, then
- Click **Close**

The screenshot shows the 'Professional Claim' form interface. At the top, there are buttons for 'Close', 'Save Template', and 'Reset'. A callout box highlights these three buttons. Below the callout, the form is divided into sections: 'Basic Claim Info', 'PROVIDER INFORMATION', 'SUBSCRIBER/CLIENT INFORMATION', and 'CLAIM INFORMATION'. The 'Basic Claim Info' section includes a 'Template Name' field and a 'Submitter ID' field (102084300). The 'PROVIDER INFORMATION' section includes a 'BILLING PROVIDER' section with 'Provider NPI' and 'Taxonomy Code' fields, and two radio button questions: 'Is the Billing Provider also the Rendering Provider?' (Yes/No) and 'Is this service the result of a referral?' (Yes/No). The 'SUBSCRIBER/CLIENT INFORMATION' section includes a 'SUBSCRIBER/CLIENT' section with a 'Client ID' field and two radio button questions: 'Is this claim for a Baby on a Birthing Parent's Client ID?' (Yes/No) and 'Is this a Medicare Crossover Claim?' (Yes/No). The 'CLAIM INFORMATION' section is partially visible at the bottom.

## CREATE TEMPLATE BATCH *continued*

- The **Claims Template List** appears.
- To include all the templates on the list in a batch, click **Create Batch All**.

**Note:**

Repeat the process of checking that a template is complete for each of the templates that will be included in the batch.

The screenshot displays the 'Claims Template List' interface. At the top, there's a navigation bar with 'Profile: EXT Provider Social Services Medical' and utility icons like 'Notepad', 'Reminder', 'External Links', 'Print', and 'Help'. Below that, the breadcrumb path is 'Provider Portal > Claims Template List'. The main area has a 'Create a Claim Template' section with a dropdown for 'Type Of Claim' set to 'Professional'. Below this are action buttons: 'Edit', 'View', 'Delete', 'SaveAs/Copy', '+ Create Batch', '+ Create Batch All', and 'B Auto Batch'. The 'Claims Template List' section features a filter bar and a table. The table has a 'Filter By' section, a 'Go' button, and a 'Save Filter' button. The table itself has a 'Last Updated Date' dropdown. The table rows are as follows:

Checkbox	Template ID	Claim Type	Last Updated Date
<input type="checkbox"/>	K S	Professional	02/01/2021
<input type="checkbox"/>	K G	Professional	02/01/2021
<input type="checkbox"/>	M S	Professional	02/01/2021
<input type="checkbox"/>	S O	Professional	02/01/2021
<input type="checkbox"/>	J W	Professional	02/01/2021
<input type="checkbox"/>	J F	Professional	02/01/2021
<input type="checkbox"/>	D S	Professional	02/01/2021

At the bottom, there's a 'View Page: 2' section with 'Go', '+ Page Count', and 'SaveToXLS' buttons. The status bar shows 'Viewing Page: 1' and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

**Note:**

If you have a large number of templates, you can use the filter function to customize the template list so that you can use Batch All.

## CREATE TEMPLATE BATCH *continued*

- To submit selected templates in a batch:
  - Click on  box next to the desired template names to include in the batch.
  - Click on **Create Batch**
- Pop-up appears
- Click on **OK**

The screenshot shows the 'Claims Template List' interface. At the top, there's a 'Create a Claim Template' section with a dropdown for 'Type Of Claim' set to 'Professional'. Below this is a table with columns: Template Name, Type, Last Updated By, and Last Updated Date. Three rows are selected, indicated by checked checkboxes in the first column. The selected rows are: 'S', 'G', and 'S'. Below the table, there are buttons for 'Edit', 'View', 'Delete', 'SaveAs/Copy', '+ Create Batch', '+ Create Batch All', and 'Auto Batch'. An orange arrow points from the '+ Create Batch' button to a modal dialog box that appears on top of the table. The modal dialog box contains the text 'Are you sure you want to create Batch?' and two buttons: 'OK' and 'Cancel'.

This is a close-up of the 'Type Of Claim' dropdown menu, which is currently set to 'Professional'. Below the dropdown is a row of action buttons: 'Edit', 'View', 'Delete', 'SaveAs/Copy', '+ Create Batch', and '+ Create Batch All'. The '+ Create Batch' button is highlighted with an orange box, and an orange arrow points to it from below.

## CREATE TEMPLATE BATCH *continued*

- **Batch Claim Attributes** appears
- Select **Professional** under Claim Type
- Enter **From Date of Service**
- Enter **To Date of Service**

**Batch Claim Attributes:**

Claim Type: Professional

From Date of Service:   ←

To Date of Service:   ←

### Note:

- *The Date of Service will be changed on all the service lines on each template. All claims within the template must be for services provided on the date entered.*
- *The Date of Service can only be a single day.*
- *A date range can be used only if:*
  - *All unit types are daily or monthly*
    - *Few medical code are daily or monthly unit types*
  - *Days are consecutive (worked in a row)*
  - *All days are within the same calendar month or include entire months*
  - *# of units on templates equals the days or months within the range*
  - *All the templates have the same date range*

## CREATE TEMPLATE BATCH *continued*

- Click on **Build Batch**

**Batch Claim Attributes:**

Claim Type: Professional

From Date of Service: 12/15/2021

To Date of Service: 12/22/2021

**Build Batch** **Cancel**

- Batch Number** appears ----> along with the number of total claims included in the batch
- Click on **Cancel**

Batch Number is 1280791785173. Total claim templates selected = 3.

**Batch Claim Attributes:**

Claim Type: Professional

From Date of Service: 12/15/2021

To Date of Service: 12/22/2021

**Build Batch** **Cancel**

**Note:**

*Your claim has now been built, but not yet submitted.*

## CREATE TEMPLATE BATCH *continued*

- The **Claim Template List** page appears
- You can repeat the process and create additional batches or,
- Click on **Close** to return to the Provider Portal

Profile: EXT Provider Social Services Medical

Provider Portal > Claims Template List

Close Add

Create a Claim Template

Type Of Claim: Professional \*

Edit View Delete SaveAs/ Copy Create Batch Create Batch All Auto Batch

Claims Template List

Filter By : [ ] And [ ] Go Save Filter My Filters

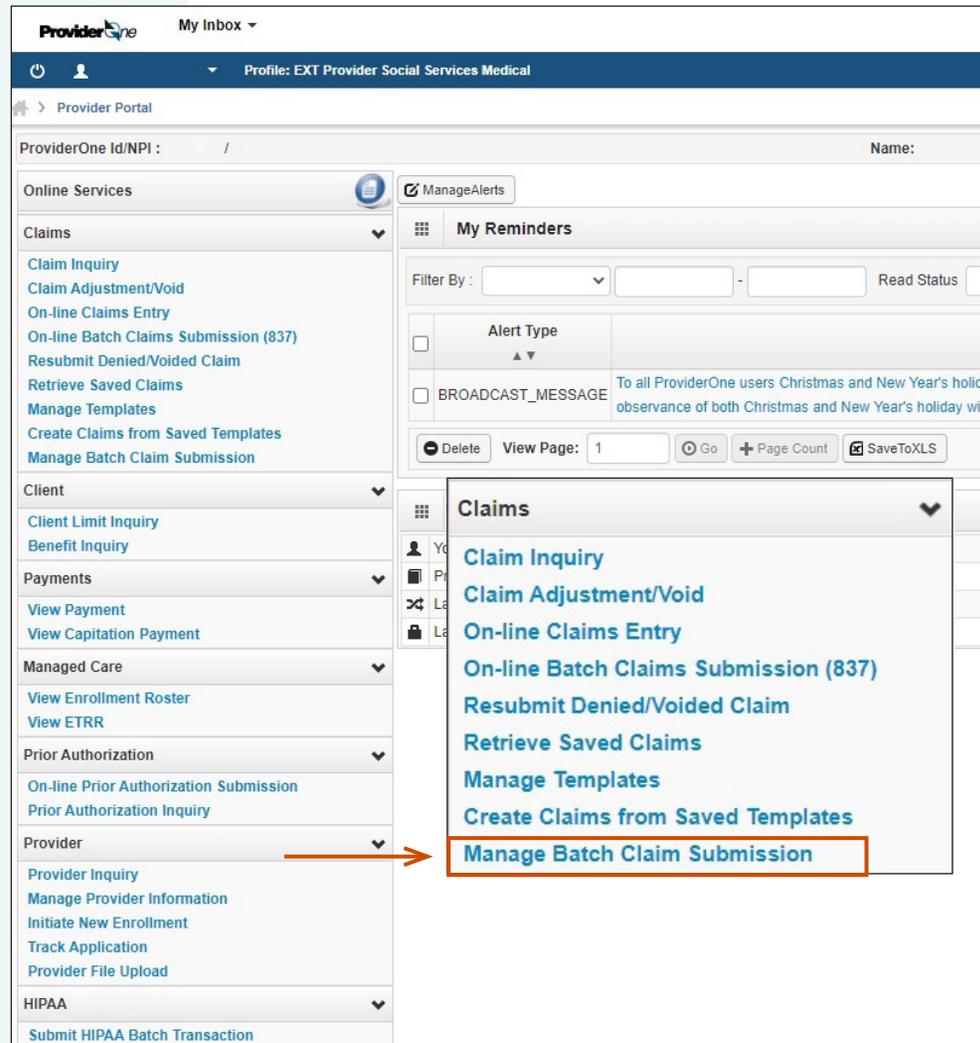
	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	K S	Professional		02/01/2021
<input type="checkbox"/>	K G	Professional		02/01/2021
<input type="checkbox"/>	M S	Professional		02/01/2021
<input type="checkbox"/>	S O	Professional		02/01/2021
<input type="checkbox"/>	J W	Professional		02/01/2021
<input type="checkbox"/>	J F	Professional		02/01/2021
<input type="checkbox"/>	D S	Professional		02/01/2021

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

# SUBMIT TEMPLATE BATCH

This section explains how to submit a template batch.

- From the **Provider Portal**
- Click on **Manage Batch Claim Submission**



## SUBMIT TEMPLATE BATCH *continued*

- From the **Batch Claim Submission Status List**,
- Click on  box next to the desired batch. A batch must have Passed Validation before it can be submitted.
- Click on **View Claims**

<input type="checkbox"/>	Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
<input type="checkbox"/>	1280775980983	Professional	BenavSC	04/06/2018	Passed Validation	03/27/2018	03/31/2018	\$525.00	1	0

Close View Claims Revalidate Delete View Claims

Social Service Batch Claim Submission Status List

Filter By: [ ] And [ ] Go Save Filter My Filters

<input type="checkbox"/>	Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
<input type="checkbox"/>	1280791780383	Professional		12/22/2021	Passed Validation	12/01/2021	12/22/2021	\$196.39	3	0
<input type="checkbox"/>	1280791351764	Professional		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	\$1,410.96	2	2
<input type="checkbox"/>	1280791351763	Professional		10/15/2021	Submitted for Claims Loading	09/01/2021	09/30/2021	\$3,527.40	2	2
<input type="checkbox"/>	1280791351751	Professional		10/15/2021	Submitted for Claims Loading	10/01/2021	10/05/2021	\$587.90	2	2
<input type="checkbox"/>	1280791351748	Professional		10/15/2021	Submitted for Claims Loading	10/06/2021	10/12/2021	\$823.06	2	2
<input type="checkbox"/>	1280791351741	Professional		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	\$57.48	1	1
<input type="checkbox"/>	1280791351718	Professional		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	\$2,130.96	2	2

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## SUBMIT TEMPLATE BATCH *continued*

- **Claims Created from Batch List** appears
- Each template batch is assigned a **System Generated Claim ID**

**Note:**

*The System Generated Claim ID is the batch number and saved claim number.*

Link	System Generated Claim ID	Template Name	Client ID	Patient Responsibility	From Date Of Service	To Date Of Service	Client Class Code	Client Last Name
	-0001	...	...	...	01/10/2025	01/10/2025		...
	-0002	...	...	...	01/10/2025	01/10/2025		...
	-0003	...	...	...	01/10/2025	01/10/2025		...
	-0004	...	...	...	01/10/2025	01/10/2025		...

- You can modify a claim prior to submission of the Batch.
  - Click on the **System Generated Claim ID number**
  - The template appears
  - Modify the template as needed
  - **Save** template



## SUBMIT TEMPLATE BATCH *continued*

- To modify the claim:
  - Click on **Line Number**
  - **Basic Line Information** populates
  - Make any needed changes
  - Click on **Update Service Line Item**

**PROVIDER INFORMATION**

**BILLING PROVIDER**

\* Provider ID: 101

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID: WA

**CLAIM INFORMATION**

1. \* Authorization Number:

**BASIC LINE ITEM INFORMATION**

**BASIC SERVICE LINE ITEMS**

\* Service Date From: 03 27 2018      \* Service Date To: 03 28 2018

\* Service Code: T1020      Modifiers: 1: U4 2: 3: 4:

Patient Account No:      \* Units: 2

**ELECTRONIC VISIT VERIFICATION (EVV) ITEMS**

Add Service Line Item     Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.      Total Charges Submitting: \$ 525.00

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	03/27/2018	03/31/2018	T1020	U4				5	Delete

## SUBMIT TEMPLATE BATCH *continued*

You can submit all or some of the listed claims.

- To select some of the claims, click on  box next to the desired claims
- Click on **Submit Selected**
- or
- To submit all of the listed claims, click on **Submit Entire Batch**

Provider Portal > Batch Claim Submission Status List > Claims created from Batch List

Close Submit Batch Submit All Delete

Close Submit Selected Submit Entire Batch Delete

Claims created from Batch List

Filter By [ ] And Filter By [ ] Go Save Filter My Filters

Link	System Generated Claim ID	Template Name	Client ID	Patient Responsibility	From Date Of Service	To Date Of Service	Client Class Code	Client Last Name
<input type="checkbox"/>	1500000000-0001	Medi Aid	1000000000 WA		01/10/2025	01/10/2025		1000000000
<input type="checkbox"/>	1500000000-0002	Group Managed	1000000000 WA		01/10/2025	01/10/2025		1000000000
<input type="checkbox"/>	1500000000-0003	Secondary Billing	1000000000 WA		01/10/2025	01/10/2025		1000000000
<input type="checkbox"/>	1500000000-0004	Specialty Support	1000000000 WA		01/10/2025	01/10/2025		1000000000

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

**Note:**

*A batch can only be submitted one time.*



## SUBMIT TEMPLATE BATCH *continued*

- **Batch Claim Submission Status List** appears and shows **Status** and **Submitted Claim Count**
- Click on **Close**



Provider Portal > Batch Claim Submission Status List

**Batch Claim Submission Status List**

Filter By [ ] And Filter By [ ]

<input type="checkbox"/>	Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
<input type="checkbox"/>	3857	Professional		04/29/2025	Submitted for Claims Loading	01/01/2025	01/01/2025	\$600.00	4	4
<input type="checkbox"/>	3862	Professional		04/29/2025	Submitted for Claims Loading	01/10/2025	01/10/2025	\$600.00	4	4
<input type="checkbox"/>	3858	Professional		04/29/2025	Failed in Validation	01/06/2025	01/06/2025	\$300.00	5	0

View Page: 1  Page Count  Viewing Page: 1

Claim Count	Submitted Claim Count
4	4
4	4
5	0

# REVALIDATE BATCH

After a batch is created, ProviderOne checks the batch to ensure the billing data is valid. This section is on how to check the validation of a batch and revalidate a template batch which has Failed Validation.

- From the Provider Portal, click on **Manage Batch Claim Submission**

The screenshot shows the ProviderOne web portal interface. The 'Claims' menu is expanded, and 'Manage Batch Claim Submission' is highlighted with a red box and an arrow. Other visible elements include 'My Reminders', 'Your Receipts', and a calendar.

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> BROADCAST_MESSAGE	To all ProviderOne users Christmas and New Year's holiday will impact ProviderOne payment dates and claim submission deadlines. The observance of both Christmas and New Year's holiday will result in changes to the ProviderOne payment d...	12/09/2021	01/03/2022	<input type="checkbox"/>

## REVALIDATE BATCH *continued*

- **The Batch Claim Submission Status List** appears
- **Pass Validation** means all the templates have complete, valid information and the batch can be submitted
- **Failed in Validation** means one or more items within the batch is not valid and the batch cannot be submitted
- To view why a batch failed validation, click on the blue hyperlinked batch number

**Note:**

*After a batch is created, ProviderOne checks the batch to ensure the billing data is valid.*

Provider Portal > Batch Claim Submission Status List

Close View Claims Revalidate Delete

**Batch Claim Submission Status List**

Filter By [ ] And Filter By [ ] Go Save Filter My Filters

Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
<a href="#">3857</a>	Professional	[User]	04/29/2025	Submitted for Claims Loading	01/01/2025	01/01/2025	\$600.00	4	4
<a href="#">3862</a>	Professional	[User]	04/29/2025	Submitted for Claims Loading	01/10/2025	01/10/2025	\$600.00	4	4
<a href="#">3858</a>	Professional	[User]	04/29/2025	Failed in Validation	01/06/2025	01/06/2025	\$300.00	5	0

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## REVALIDATE BATCH *continued*

- The **View Template List from Batch** screen appears
- Click on blue hyperlinked **Invalid** status
- **Template Validation Errors** pop-up appears
- View **Error Description** (i.e., "service code is invalid/empty")
- Click **Cancel**

Provider Portal > Batch Claim Submission Status List > View Template List for Batch

Close Revalidate

View Templates List from Batch

Filter By [ ] And Filter By [ ] Go Save Filter My Filters

Template Name	Status	Claim Type
<a href="#">Agency Group</a>	Valid	Professional
<a href="#">Agency, State</a>	Valid	Professional
<a href="#">Agency, Multiple</a>	Invalid	Professional
<a href="#">Agency, Multiple</a>	Invalid	Professional
<a href="#">Agency, Multiple</a>	Invalid	Professional

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Template Validation Errors

Template Name: [Agency, Multiple](#)

Client ID: WA

Error Description: Atleast there should be one line on the claim

Cancel

## REVALIDATE BATCH *continued*

- Next, click on the **Template Name**
- Template appears
- Find and correct the error. To correct an error:
  - a. Click on Line Number
  - b. Basic Line Information populates
  - c. Enter missing data/correct error
  - d. Click on Update Service Line Item
- Click **Save Template**

Provider Portal > Batch Claim Submission Status List > View Template List for Batch

Close Revalidate

View Templates List from Batch

Filter By [ ] And Filter By [ ] Go Save Filter My Filters

Template Name	Status	Claim Type
<a href="#">Arpa's Garage</a>	Valid	Professional
<a href="#">Arpa's Garage</a>	Valid	Professional
<a href="#">Arpa's Garage</a>	Invalid	Professional
<a href="#">Arpa's Garage</a>	Invalid	Professional
<a href="#">Arpa's Garage</a>	Invalid	Professional

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Close Save Template Reset

Professional Claim

Note: asterisks (\*) denote required fields

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: [ ]

\* Template Name: K G

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

\* Provider NPI: [ ] \* Taxonomy Code: 163W00000X

\* Is the Billing Provider also the Rendering Provider? Yes No

\* Is this service the result of a referral? Yes No

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

\* Client ID: WA

Additional Subscriber/Client Information

\* Is this claim for a Baby on Mom's Client ID? Yes No

\* Is this a Medicare Crossover Claim? Yes No

OTHER INSURANCE INFORMATION

CLAIM INFORMATION

Go to Other Claim Info to include the following claim detail information:  
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

## REVALIDATE BATCH *continued*

- After fixing any errors, click on **Revalidate**
- The **Batch Claim Submission Status List** appears
- The status will show as **Waiting**.
- Refresh the page
- If the status changes to **Passed Validation**, the batch can now be submitted

Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
1280791780383	Professional		12/22/2021	Failed in Validation	12/01/2021	12/22/2021	\$196.39	3	0

Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
3858	Professional		04/29/2025	Waiting	01/06/2025	01/06/2025	\$750.00	5	0
3857	Professional		04/29/2025	Submitted for Claims Loading	01/01/2025	01/01/2025	\$600.00	4	4
3862	Professional		04/29/2025	Submitted for Claims Loading	01/10/2025	01/10/2025	\$600.00	4	4

# ADJUST, VOID, AND RESUBMIT PROFESSIONAL CLAIMS

- **Adjust Paid Claims** .....64
- **Void Paid Claims**..... 74
- **Resubmit Denied or Voided Claims** ..... 77

There are times when a previously paid claim needs to be adjusted, meaning a change to the dates, units or other details, or voided meaning to change the claim so it is no longer in paid status. This section will also discuss how to resubmit a claim that has been denied or voided.

# ADJUST PAID CLAIMS

To adjust a paid claim:

- Log in to ProviderOne using the **EXT Provider Social Services Medical** profile.
- Click on **Claim Adjustment/Void**.

**Note:**

*Reason you may want to adjust or void a claim include, but **are** not limited to: realizing the original claim had incorrect data or finding out the client was not eligible for services on the dates claimed.*

The screenshot shows the ProviderOne web portal interface. The user is logged in as Terry, Tavares J. The main navigation menu on the left includes 'Online Services' and 'Claims'. Under 'Claims', the 'Claim Adjustment/Void' option is highlighted with a red arrow. The main content area displays 'My Reminders' with a table of alerts. The table has columns for Alert Type, Alert Message, Alert Date, Due Date, and Read status. Two alerts are visible, both of type 'BROADCAST\_MESSAGE'. The first alert is about a delayed BHO July 834 Audit file, and the second is about HIPAA 820 transactions. At the bottom, there is a 'Your Recent Online Activities' section and a 'Calendar' widget showing the time as 10:08 AM on Thursday, July 6, 2017.

## ADJUST CLAIMS *continued*

The **Provider Claim Adjust Void Search** page appears. There are search requirements to be aware of when searching for claims.

The **Provider NPI** associated to the domain currently in use will automatically be listed in the Provider NPI drop-down. You can search by:

- **TCN** or,
- **Client ID and Claim Service Period.**

**Note:**

*Search requests must be for claims submitted within the past 4 years. If you enter Claim Service Period From date, the range cannot exceed 3 months.*

**Provider Claim Adjust Void Search**

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

## ADJUST CLAIMS *continued*

The **Provider Claims Adjust Void List** appears.

### To Adjust a Paid Claim:

- Check the  box next to the TCN.
- Click on **Adjust**.

**Note:**

*The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.*

The screenshot shows the 'Provider Claims Adjust Void List' interface. At the top, there are three buttons: 'Close', 'Adjust', and 'Void Claim'. Below these is a table with the following columns: TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client Name, Client ID, and Child Tcn. The first row of the table has a checkbox selected, and an orange arrow points to it. The 'Claim Status' for this row is '1: For more detailed information, see remittance advice.' Below the table, there are navigation controls including 'View Page: 1', 'Go', '+ Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼	Child Tcn ▲▼
<input checked="" type="checkbox"/>	[REDACTED]	02/05/2016	1: For more detailed information, see remittance advice.	\$212.50	\$212.50	[REDACTED]	[REDACTED]WA	

## ADJUST CLAIMS *continued*

The **Adjust Professional Claim** page appears.

This screen is similar to the Billing Screen, however, the page includes an **Original TCN**.

If there has been a change that does not require you to change any data (example a change in the rate), click the **Submit** button to **reprocess the claim**. Then go to pg 72 to finish the adjustment process.

If you need to change data, then continue onto the next page.

The screenshot shows the 'Adjust Professional Claim' interface. At the top, there's a navigation bar with 'ProviderOne My Inbox' and user information for 'Terry, Tavares J'. Below that, a breadcrumb trail reads 'Provider Portal > Provider Claim Adjust Void Search > Provider Claims Adjust Void List > Adjust Professional Claim'. The main form area has a 'Close' button and a 'Submit Claim' button. The 'Adjust Professional Claim' section is expanded, showing a 'Note: asterisks (\*)' and a 'Billing Instructions' link. The 'ADJUSTMENT INFORMATION' section contains a 'Basic Claim' dropdown, a 'Billing Provider' dropdown, and a text input field for 'Original TCN' with an asterisk. An orange arrow points to this field. Below this is the 'PROVIDER INFORMATION' section, which includes a note to 'Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.' and a 'BILLING PROVIDER' section with fields for 'Provider NPI' and 'Taxonomy Code' (163W00000X). There are also two radio button questions: 'Is the Billing Provider also the Rendering Provider?' (Yes/No) and 'Is this service the result of a referral?' (Yes/No). The 'SUBSCRIBER/CLIENT INFORMATION' section includes a 'SUBSCRIBER/CLIENT' section with a 'Client ID' field (ending in WA) and an 'Additional Subscriber/Client Information' section with two radio button questions: 'Is this claim for a Baby on Mom's Client ID?' (Yes/No) and 'Is this a Medicare Crossover Claim?' (Yes/No). The 'OTHER INSURANCE INFORMATION' section is partially visible at the bottom.

## ADJUST CLAIMS *continued*

In the next few pages, we will explore the different options available when adjusting paid claims.

### This includes:

- Modifying Service Line data
- Adding Service Lines
- Voiding Service Lines

**Note:**

*Diagnosis pointer information does not need to be updated if there is no additional diagnosis being added.*

**Note:** Please ensure you have entered any necessary claim information (found in the other sections).

Previously Entered Line Item Information  
Click a Line No. below to view/update that line item.

Line No	Service Dates		Proc. Code
	From	To	
1	02/05/2016	02/05/2016	H2019
2	02/26/2016	02/26/2016	H2019

**BASIC SERVICE LINE ITEM**

\* Service Date From: 02 26 2016 \* Service Date To: 02 26 2016

Place of Service: 12-Home

\* Procedure Code: H2019

\* Submitted Charges: \$ 127.5

\* Units: 6

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: 1: 1 2: 3: 4:

**Update applicable data**

**Update Service Line Item**

Add Service Line Item Update Service Line Item

# ADJUST PAID CLAIMS: MODIFYING SERVICE LINE DATA

## Modifying Service Line Data:

- Click on a **Service Line Number**
- The corresponding service line information appears
- Make needed changes to the data fields
- Click on **Update Service Line Item**
- The service line updates with the new information
- Go to page 72 to finish the adjustment process

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 212.50

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	02/05/2016	02/05/2016	H2019					1				85	4	Void or Other Service Info
2	02/26/2016	02/26/2016	H2019					1				127.5	6	Void or Other Service Info

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates		Proc. Code
	From	To	
1	02/05/2016	02/05/2016	H2019
2	02/26/2016	02/26/2016	H2019

**BASIC SERVICE LINE ITEM**

\* Service Date From: 02 26 2016 \* Service Date To: 02 26 2016

Place of Service: 12-Home

\* Procedure Code: H2019

\* Submitted Charges: \$ 127.5

\* Units: 6

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: \* 1: 2: 3: 4:

**Update applicable data**

**Medicare Crossover Items**

National Drug Code:

**Drug Identification**

**Prior Authorization**

**Additional Service Line Information**

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

**Update Service Line Item**

# ADJUST PAID CLAIMS: ADDING DATES OF SERVICE

To add a date of service to a previously paid claim:

- Enter **Basic Service Line** information
- Click on **Add Service Line item**
- The new service line appears
- Add the new dates of service, then go to pg 72 to finish the adjustment process.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:    \* Service Date To:

Place of Service:

\* Procedure Code:  Modifiers: 1:  2:  3:  4:

\* Submitted Charges: \$  Diagnosis Pointers: \* 1:  2:  3:  4:

\* Units:

**Medicare Crossover Items**

National Drug Code:

**Drug Identification**

**Prior Authorization**

**Additional Services**

**Add Service Line Item**

Note: Please ensure you have completed all other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 212.50

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	02/05/2016	02/05/2016	H2019					1				85	4	<a href="#">Void or Other Service Info</a>
2	02/26/2016	02/26/2016	H2019					1				127.5	6	<a href="#">Void or Other Service Info</a>

# ADJUST PAID CLAIMS: VOIDING SERVICE LINES

## Voiding Service Line Data within a Paid Claim:

- Determine which line needs to be voided in the **Previously Entered Line Item Information** section
- Click **Void** at the end of the line you wish to remove

Previously Entered Line Item Information

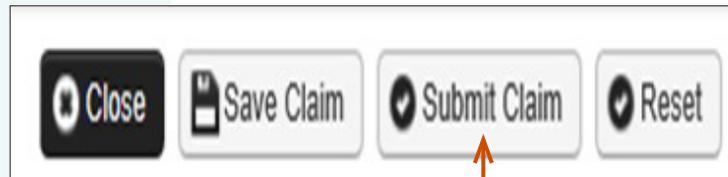
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 212.50

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number		
	From	To		1	2	3	4	1	2	3	4					
1	02/05/2016	02/05/2016	H2019					1				85	4			 <a href="#">Void or Other Service Info</a>
2	02/26/2016	02/26/2016	H2019					1				127.5	6			<a href="#">Void or Other Service Info</a>

- The line disappears from the claim, and any subsequent lines will change numbers to match the new order.

## ADJUST CLAIMS *continued*

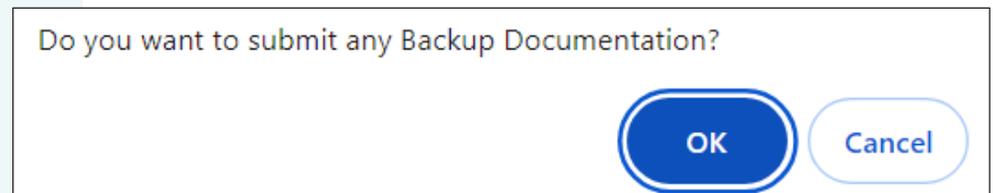
Once all service line information is entered and checked for accuracy, click **Submit Claim** at the top of the screen.



A message will appear asking, **Do you want to submit any Backup Documentation?**

Certain shared services require backup documentation such as a denial from another payer. If required, select **OK** and upload the needed documentation before continuing to submit the claim.

If no backup documentation is needed, select **Cancel** and continue submitting the claim.



## ADJUST CLAIMS *continued*

Once you have clicked **Submit**, the **Adjust Professional Claim Details** page appears. The adjusted claim will have a new **TCN** number. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN, Original TCN, Provider NPI, Client ID, Date of Service and Total Claim Charge**.

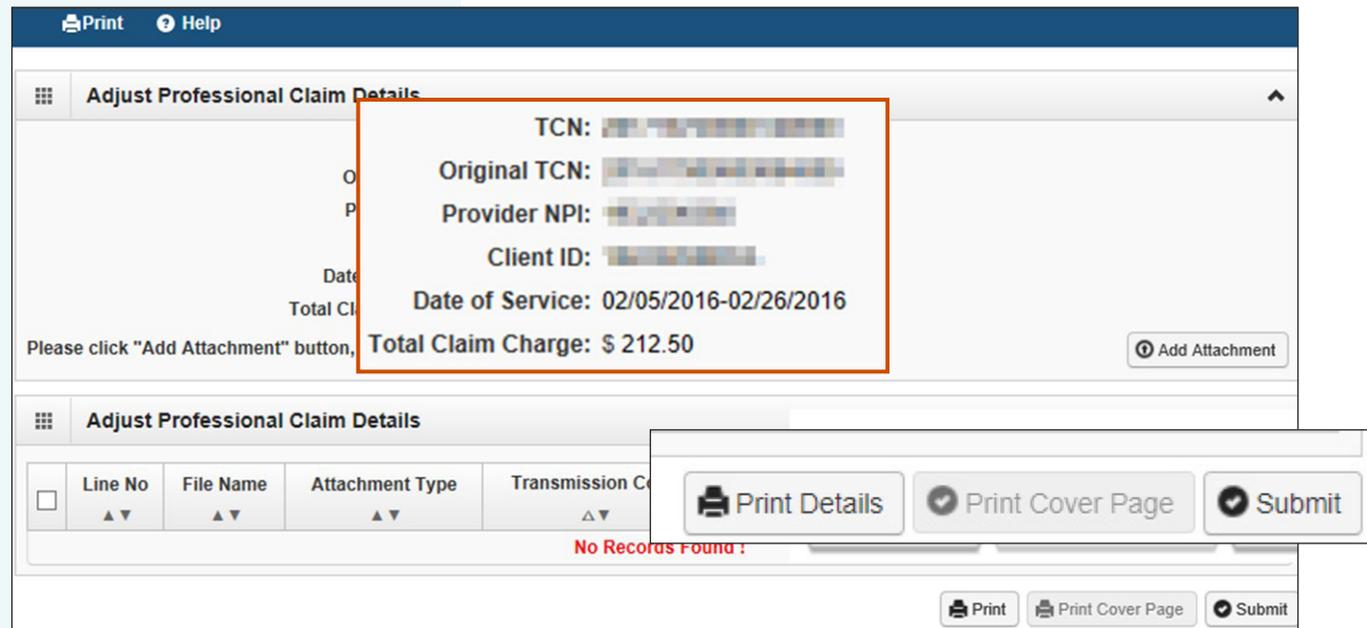
To complete claim submission click on the **Submit** button (located on the bottom right corner of the page).

Once the claim is processed by ProviderOne the adjustment is complete. The claim details will be available in the Adjustments category of your Remittance Advice (RA). For more information about your RA review the RA section in the [Viewing Claim Status and Payments Guide](#).

**Note:**

*Make sure to click **Submit** on this screen.*

***No Records Found!** refers to attachments such as backup documentation. If you did not attach necessary documents earlier you may do so here by clicking **Add Attachment**.*



# VOID PAID CLAIMS

## To void an entire paid claim:

- Locate and select the claim you wish to update, (see pg. 64)
- Check the  box next to the TCN
- Click on **Void Claim**

The screenshot shows a web application interface for managing claims. At the top, there are three buttons: 'Close', 'Adjust', and 'Void Claim'. Below this is a table titled 'Provider Claims Adjust Void List'. The table has columns for TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client Name, Client ID, and Child Tcn. The first row of the table has a checkbox selected, and an orange arrow points to it. The 'Claim Status' for this row is '1: For more detailed information, see remittance advice.' The 'Claim Charged Amount' and 'Claim Payment Amount' are both \$212.50. The 'Client ID' ends in 'WA'. At the bottom of the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

### Note:

*You should only void an entire claim if you should not have been paid for any of the claim line details associated with the TCN. Voiding a claim will result in an overpayment. This means you must pay DSHS back the original paid amount. ProviderOne does not automatically take the money back. See the [Viewing Claim Status and Payments Guide](#) for more information about overpayments.*

## VOID PAID CLAIMS *continued*

The **Void Professional Claim** page appears with all the fields grayed out.

- Please note the specific TCN,
- To void this claim, click on **Submit Claim**.  
(Located near the top left corner of the page.)

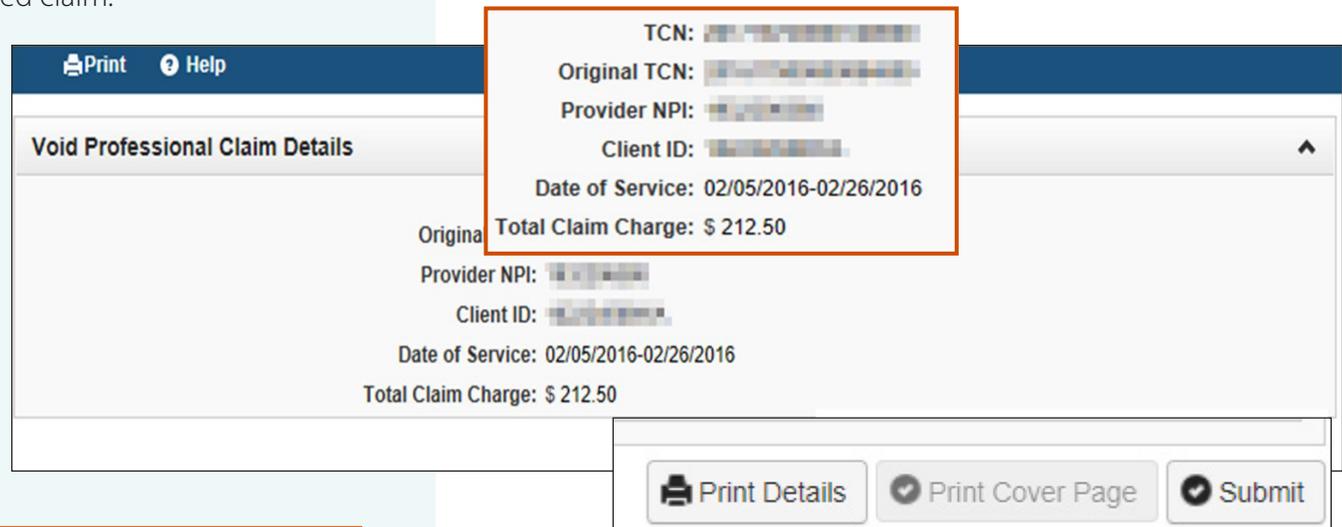
The screenshot displays the 'Void Professional Claim' interface. At the top, there are navigation links: 'Close' and 'Submit Claim', with a red arrow pointing to the latter. Below this is a section titled 'VOID INFORMATION' which contains a field for '\* Original TCN:'. A red box highlights this field. Further down, the 'PROVIDER INFORMATION' section includes fields for '\* Provider NPI:' and '\* Taxonomy Code: 163W00000X', along with two yes/no questions. The 'SUBSCRIBER/CLIENT INFORMATION' section includes a field for '\* Client ID:' and two more yes/no questions. The 'OTHER INSURANCE INFORMATION' section is partially visible at the bottom.

## VOID PAID CLAIMS *continued*

The **Void Professional Claim Detail** appears. The voided claim will have a new **TCN** number. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN, Original TCN, Provider ID, Client ID, Date of Service** and **Total Claim Charge**.

Click on **Submit** to submit the voided claim.



**Note:**

Make sure to click **Submit** on this screen. **No Records Found!** refers to attachments such as backup documentation. Social service providers will not add attachments. Voiding a PAID claim will result in an overpayment. You should review the claim details on your RA when your RA is available.

# RESUBMIT DENIED OR VOIDED CLAIM

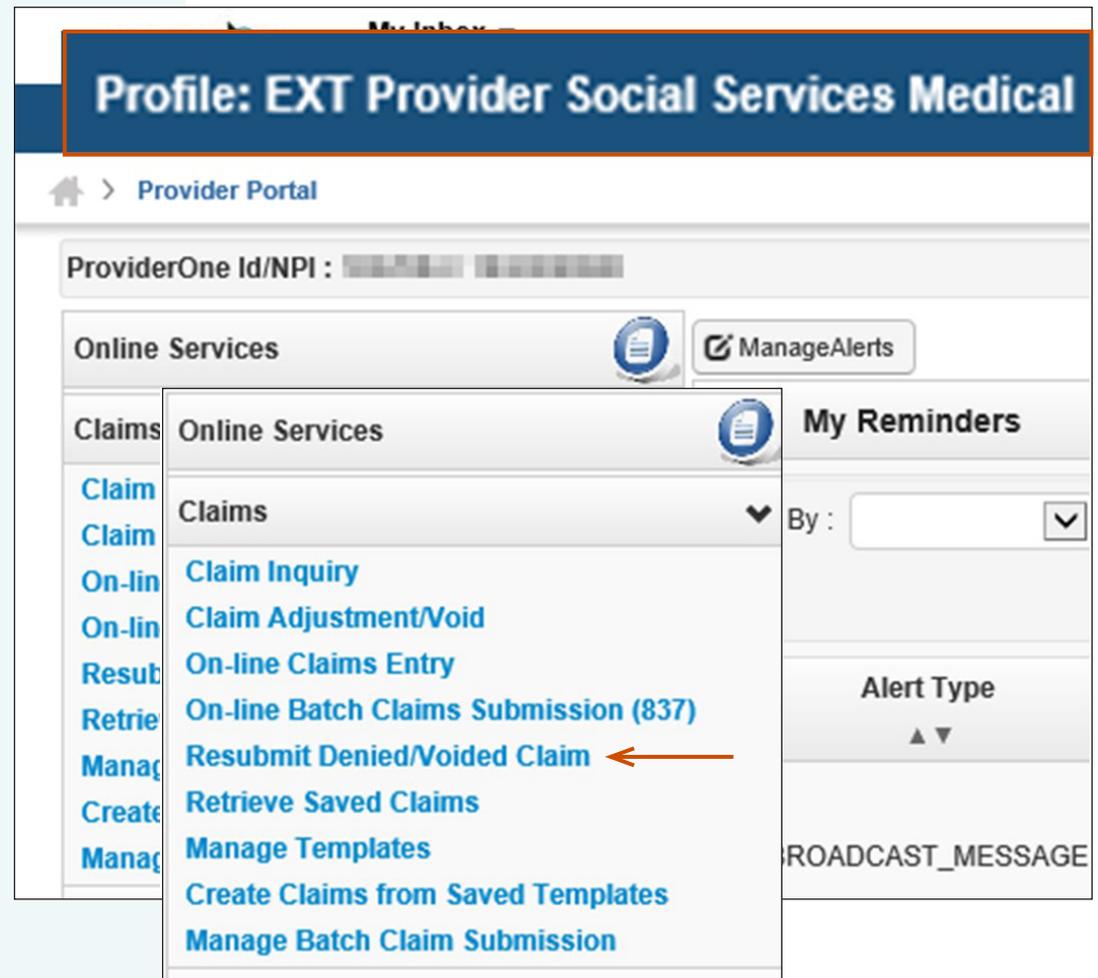
The main reasons a Denied claim may need to be resubmitted include:

- The authorization was in error when the claim was originally submitted and the error has been resolved.
- Basic data had incorrect date, service code, or units.

A Voided claim may need to be resubmitted if a provider discovers they voided the paid claim in error.

### To resubmit a denied or voided claim:

- Login to ProviderOne using the **EXT Provider Social Services Medical** profile
- Click on **Resubmit Denied/Voided Claim**



## RESUBMIT DENIED OR VOIDED CLAIMS

*continued*

The **Provider Claim Model Search** page appears.

The **Provider NPI** associated to the domain currently in use will automatically be listed in the Provider ID drop-down. You can search by:

- **TCN** or,
- **Client ID and Claim Service Period** (*From or From and To Date*).

Once you enter the necessary search criteria, click **Submit**.

**Note:**

*Search requests must be for claims submitted within the past 4 years. If you search using the **Claim Service Period From/To** dates, the date range cannot exceed 3 months.*

## RESUBMIT DENIED OR VOIDED CLAIMS

*continued*

The **Provider Claims Model List** appears. Only claims that have been denied or voided will show here.

### To Resubmit a Denied or Voided Claim:

- Check the  box next to the **TCN**.
- Click **Retrieve**.

The screenshot shows a web interface for managing claims. At the top, there are 'Close' and 'Retrieve' buttons. Below them is a search field for 'Provider NPI'. The main section is titled 'Provider Claims Model List' and contains a table with the following columns: TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client Name, and Client ID. The first row of the table has a checked checkbox in the first column, a TCN value, a date of '01/15/2015', a claim status of '1: For more detailed information, see remittance advice.', a charged amount of '\$60.00', and a payment amount of '\$0.00'. Below the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with 'First', 'Prev', 'Next', and 'Last' buttons.

**Note:**

*The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.*

## RESUBMIT DENIED OR VOIDED CLAIMS *continued*

After clicking **Retrieve**, the billing screen appears.

- If you do not need to make any changes and just need to resubmit the claim for reprocessing, click on **Submit Claim**.
- If you need to make changes to the claim before resubmitting, make these changes now.
  - ▶ The change options when resubmitting a claim are the same as when adjusting a claim (See pg. 67).
  - ▶ Common items you may need to add or update on a denied claim:
    - Taxonomy
    - Authorization number
    - Diagnosis code
    - Modifier
    - Date of service
  - ▶ After updating information, click **Submit Claim**.

The screenshot shows two main sections of the billing interface:

- PROVIDER INFORMATION**: Includes a header with a menu icon and a sub-header. Below it is a note: "Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers." Under the "BILLING PROVIDER" section, there are input fields for "Provider NPI" and "Taxonomy Code" (163W00000X). Below these are two questions with radio buttons: "Is the Billing Provider also the Rendering Provider?" (Yes selected) and "Is this service the result of a referral?" (No selected).
- SUBSCRIBER/CLIENT INFORMATION**: Includes a header with a menu icon and a sub-header. Below it is an input field for "Client ID" ending in "WA". Under the "Additional Subscriber/Client Information" section, there are two questions with radio buttons: "Is this claim for a Baby on Mom's Client ID?" (No selected) and "Is this a Medicare Crossover Claim?" (No selected).
- OTHER INSURANCE INFORMATION**: A section header with a plus icon.

The screenshot shows the bottom navigation bar of the billing screen. It contains four buttons: "Close", "Save Claim", "Submit Claim", and "Reset". An orange arrow points to the "Submit Claim" button.

## RESUBMIT DENIED OR VOIDED CLAIMS

*continued*

A message will appear asking, **Do you want to submit any Backup Documentation?**

Certain shared services require backup documentation such as a denial from another payer. If required, select **OK** and upload the needed documentation before continuing to submit the claim.

If no backup documentation is needed, select **Cancel** and continue resubmitting the claim.

Do you want to submit any Backup Documentation?

OK

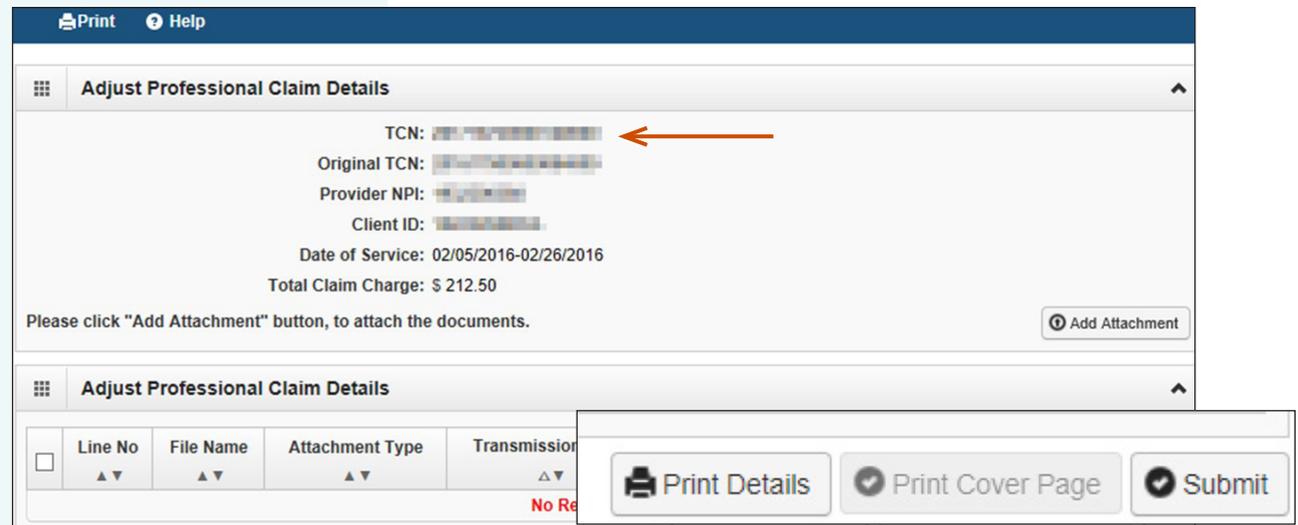
Cancel



## RESUBMIT DENIED OR VOIDED CLAIMS *continued*

The **Submit Professional Claim Details** page appears. The resubmitted claim will have a **new TCN** number. This allows for tracking of the changes made to the original claim.

To complete claim submission, click on the **Submit** button, which is located on the bottom right corner of the page.



# Additional Resources

Visit the [ProviderOne for Social Services webpage](#) for more resources:

- Updates and newsletters
- Additional contact information
- Additional ProviderOne for Social Services Billing Guides:
  - Getting Started and Billing Essentials
  - Submitting and Adjusting Social Service Claims
  - Viewing Claim Status & Payments

For questions, feedback, or suggested changes to this document, please email [p1\\_escalation@dshs.wa.gov](mailto:p1_escalation@dshs.wa.gov).